

FIG. 1

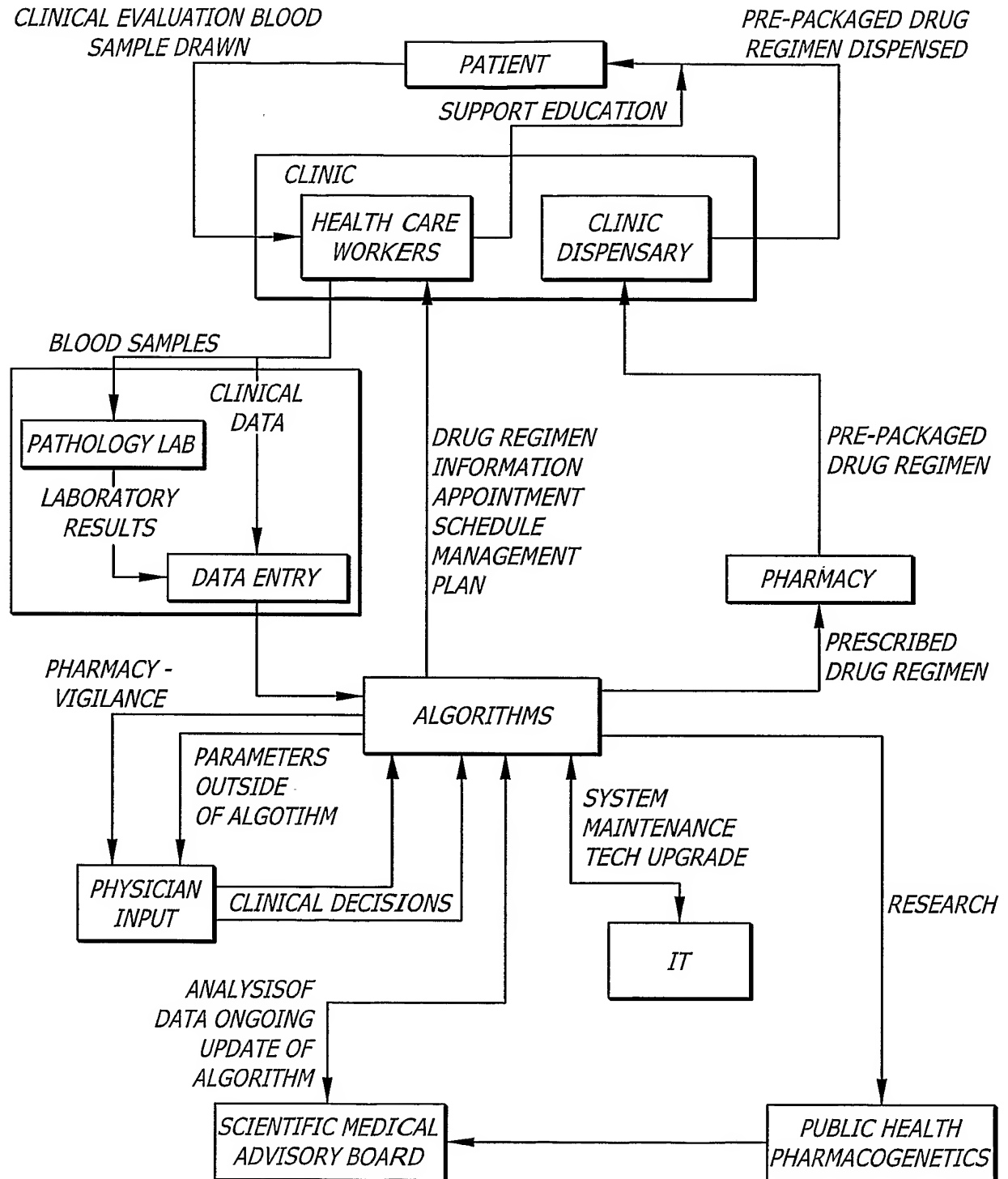


FIG. 2.1

		Form Number		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
Date Prepared		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			

ASSESSMENT ART FORM

Date of birth	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
Height	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	cm			
Weight	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	kg on	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

Now on antiretroviral medicine for HIV/AIDS?

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Documented positive HIV tests

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Location: _____ Date: _____

Location: _____ Date: _____

Previous ART exposure

PEP	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
PMTCT	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
ART interrupted	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>

Treatment Readiness

Do you want to be on medicine for AIDS?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Drug literacy training complete	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Adherence training complete	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Social worker consultation complete	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Home visit complete	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>

Gender

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For Female:

Are you pregnant?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Are you able to have children?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Do you want to have children at this time?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Are you using reliable contraception?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>

WHO Stage

WHO Clinical Stage 1	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
WHO Clinical Stage 2	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
WHO Clinical Stage 3	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
WHO Clinical Stage 4	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>

Defining Condition

Pneumocystis Pneumonia - current or previous	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Thrush - persistent	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>

Cotrimoxazole

Allergic to cotrimoxazole?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Was cotrimoxazole dispensed?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Cotrimoxazole pill count - Is patient compliant?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Has patient kept 3 appointments in a row?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>

Pain and/or tingling in hands and/or feet?

<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
Pain and tingling do not cause a problem walking	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Pain and tingling > 3 days - non-narcotic analgesia required	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Walks with great difficulty - narcotic analgesia required	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Unable to walk - narcotic analgesia does not help	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>

Psychological problems now or in the past

<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
Depression - overwhelming sadness, not related to any event	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Thoughts or attempts of suicide	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
Previous mental illness requiring treatment/hospitalization	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>

FIG. 2.2

Nevirapine													
Have you ever taken Nevirapine?		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Nevirapine Skin Rash		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Redness, itching		<input type="text" value="Mild"/>											
Diffuse rash, dry and peeling		<input type="text" value="Moderate"/>											
Blisters, moist peeling, sores		<input type="text" value="Severe"/>											
Severe redness, ulcers, skin sloughing off		<input type="text" value="Incapacitating"/>											
Regimen Failure													
Has the patient failed Regimen 1a		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Virologic failure		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Therapeutic failure (side effects)		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Has the patient failed Regimen 1b		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Virologic failure		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Therapeutic failure (side effects)		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Nevirapine Resistant - proven		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
TB													
Are you being treated for active TB now?		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Treatment for active TB in the past 2 years?		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Is your treatment for active TB complete?		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Date active TB treatment started		<input type="text" value="Y Y Y Y"/>		<input type="text" value="M M"/>		<input type="text" value="D D"/>							
Are you taking Isoniazid to prevent TB now?		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Date Isoniazid treatment started		<input type="text" value="Y Y Y Y"/>		<input type="text" value="M M"/>		<input type="text" value="D D"/>							
Cough > 2 weeks		<input type="text" value="Yes"/>		<input type="text" value="No"/>									
Fever > 2 weeks		<input type="text" value="Yes"/>		<input type="text" value="No"/>									
Night sweats		<input type="text" value="Yes"/>		<input type="text" value="No"/>									
Weight loss > 1.5 kg in past 4 weeks		<input type="text" value="Yes"/>		<input type="text" value="No"/>									
Sputum tested for TB in the last 3 months?		<input type="text" value="Yes"/>		<input type="text" value="No"/>									
Result of TB sputum test		<input type="text" value="Positive"/>		<input type="text" value="Negative"/>									
LABS													
	Previous		Previous		Previous		Previous		Previous		Current		
Date													
Weight												kg	
CD4												c/mL	
Viral Load												c/mm ³	
Liver – ALT												U/L	
Hemoglobin												g/L	
Neutrophils												/mm ³	
Lipase												U/L	
Creatinine												umol/L	
MCV												fL	
Platelets												10 ⁹ /L	
Hepatitis A	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis B	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis C	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Skin Test	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Sputum	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	

Form Filled in by _____

Title _____

FIG. 3.1

		Form Number		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>			
Date Prepared		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
FOLLOW-UP ART FORM							
Date of birth		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Height		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	cm			
Weight		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	kg	on	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Y Y Y Y		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
M M		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
D D		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Documented positive HIV tests		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>			
Location:				Date	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Location:				Date	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>
Now on antiretroviral medicine for HIV/AIDS?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div> No <div style="border: 1px solid black; width: 20px; height: 15px;"></div> Yes					
1A:		<div style="border: 1px solid black; width: 20px; height: 15px;"></div> EFV Stocrin (Efavirenz)		<div style="border: 1px solid black; width: 20px; height: 15px;"></div> d4T Zerit (Stavudine)		<div style="border: 1px solid black; width: 20px; height: 15px;"></div> 3TC (Lamivudine)	
1B:		<div style="border: 1px solid black; width: 20px; height: 15px;"></div> NVP Virumine (Nevirapine)		<div style="border: 1px solid black; width: 20px; height: 15px;"></div> d4T Zerit (Stavudine)		<div style="border: 1px solid black; width: 20px; height: 15px;"></div> 3TC (Lamivudine)	
2:		<div style="border: 1px solid black; width: 20px; height: 15px;"></div> ddI Videx (Didanosine)		<div style="border: 1px solid black; width: 20px; height: 15px;"></div> AZT Retrovir (Zidovudine)		<div style="border: 1px solid black; width: 20px; height: 15px;"></div> Lopinavir/ Ritavir Kaletra	
Other:							
Adherence		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	<80%	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	80-90%	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	90-95%
<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		>95%					
Regimen Failure							
Has the patient failed Regimen 1a		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Virologic failure		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Therapeutic failure (side effects)		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Has the patient failed Regimen 1b		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Virologic failure		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Therapeutic failure (side effects)		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Nevirapine Resistant - proven		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Gender		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Male	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Female		
For Female:							
Are you pregnant?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Maybe
Are you able to have children?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Do you want to have children at this time?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Are you using reliable contraception?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
WHO Stage				Defining Condition			
WHO Clinical Stage 1		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	1				
WHO Clinical Stage 2		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	2				
WHO Clinical Stage 3		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	3				
WHO Clinical Stage 4		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	4				
Pneumocystis Pneumonia - current or previous		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Thrush - persistent		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Cotrimoxazole							
Allergic to Cotrimoxazole?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Was Cotrimoxazole dispensed?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Cotrimoxazole pill count - Is patient compliant?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Has patient kept 3 appointments in a row?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Pain and/or tingling in hands and/or feet?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Yes	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	No	<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Unknown
Pain and tingling do not cause a problem walking		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Mild				
Pain and tingling > 3 days - non-narcotic analgesia required		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Moderate				
Walks with great difficulty - narcotic analgesia required		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Severe				
Unable to walk - narcotic analgesia does not help		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	Incapacitating				

FIG. 3.2

Psychological problems now or in the past		Yes	No	Unknown
Depression - overwhelming sadness, not related to any event		Depression		
Thoughts or attempts of suicide		Suicide		
Previous mental illness requiring treatment/hospitalization		Mental Illness		

Nevirapine		Yes	No	Unknown
Have you ever taken Nevirapine?		Yes	No	Unknown
Nevirapine Skin Rash				
Redness, itching		Mild		
Diffuse rash, dry and peeling		Moderate		
Blisters, moist peeling, sores		Severe		
Severe redness, ulcers, skin sloughing off		Incapacitating		

TB		Yes	No	Unknown
Are you being treated for active TB now?		Yes	No	Unknown
Treatment for active TB in the past 2 years?		Yes	No	Unknown
Is your treatment for active TB complete?		Yes	No	Unknown
Date active TB treatment started		Y	Y	M
Are you taking Isoniazid to prevent TB now?		Yes	No	Unknown
Date Isoniazid treatment started		Y	Y	M
Cough > 2 weeks		Yes	No	Any 1 "yes" get sputum for smear and culture
Fever > 2 weeks		Yes	No	
Night sweats		Yes	No	
Weight loss > 1.5 kg in past 4 weeks		Yes	No	
Sputum tested for TB in the last 3 months?		Yes	No	
Result of TB sputum test		Positive	Negative	

LABS													
	Previous		Previous		Previous		Previous		Previous		Current		
Date													
Weight													kg
CD4													c/mL
Viral Load													c/mm ³
Liver – ALT													U/L
Hemoglobin													g/L
Neutrophils													/mm ³
Lipase													U/L
Creatinine													umol/L
MCV													fL
Platelets													10 ⁹ /L
Hepatitis A	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis B	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis C	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Skin Test	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Sputum	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	

Form Filled in by _____

Title _____

FIG. 4.1

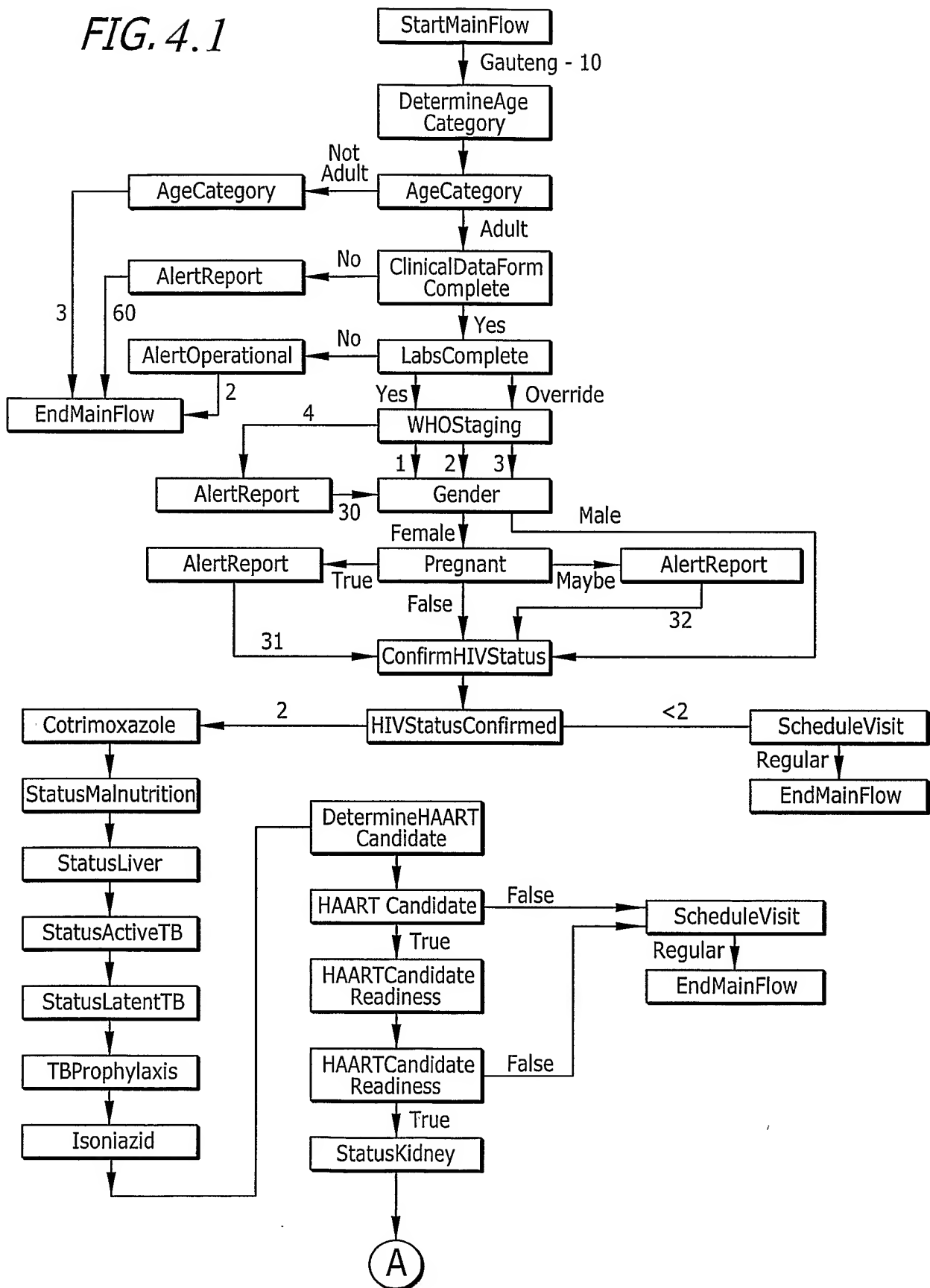
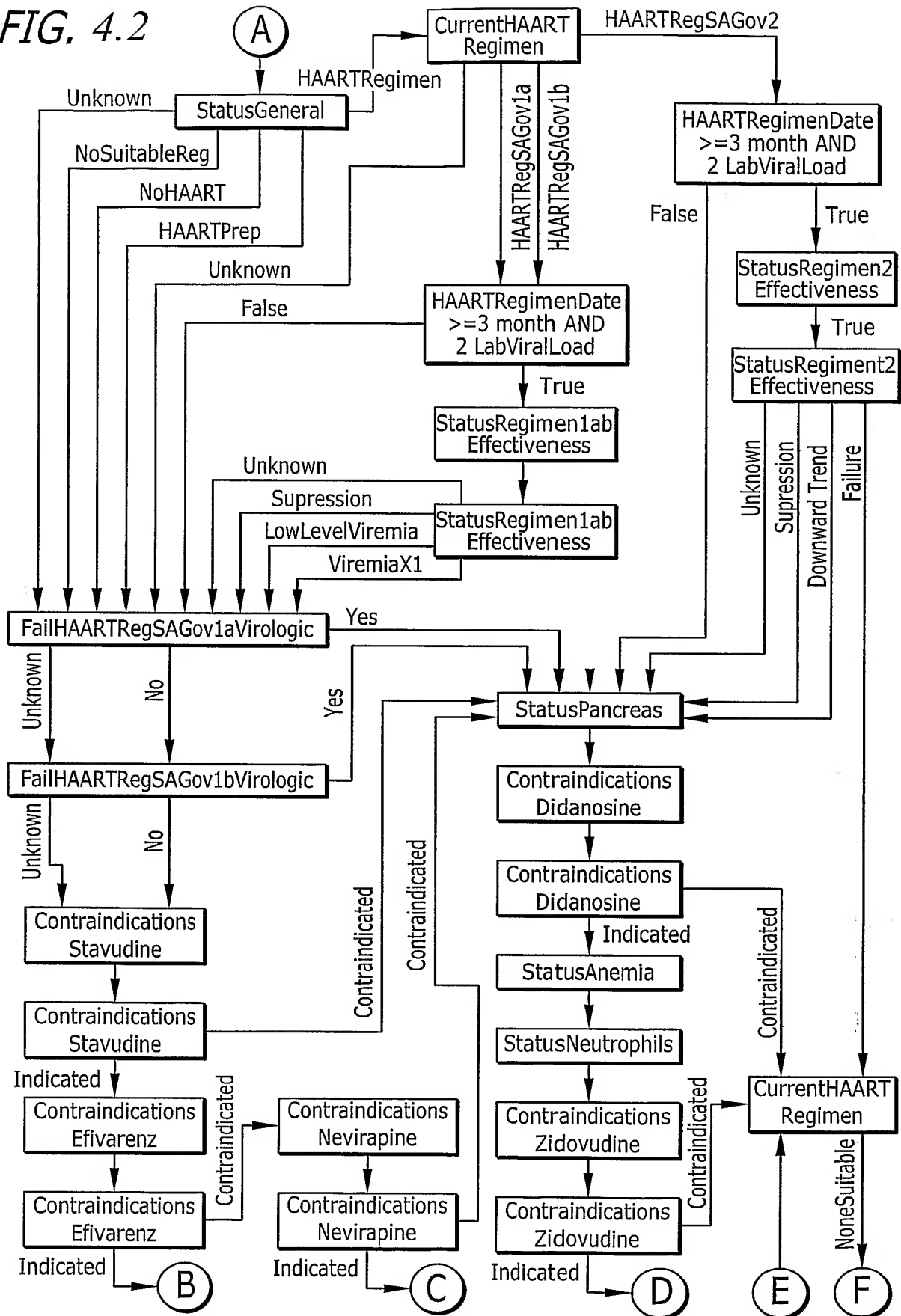


FIG. 4.2



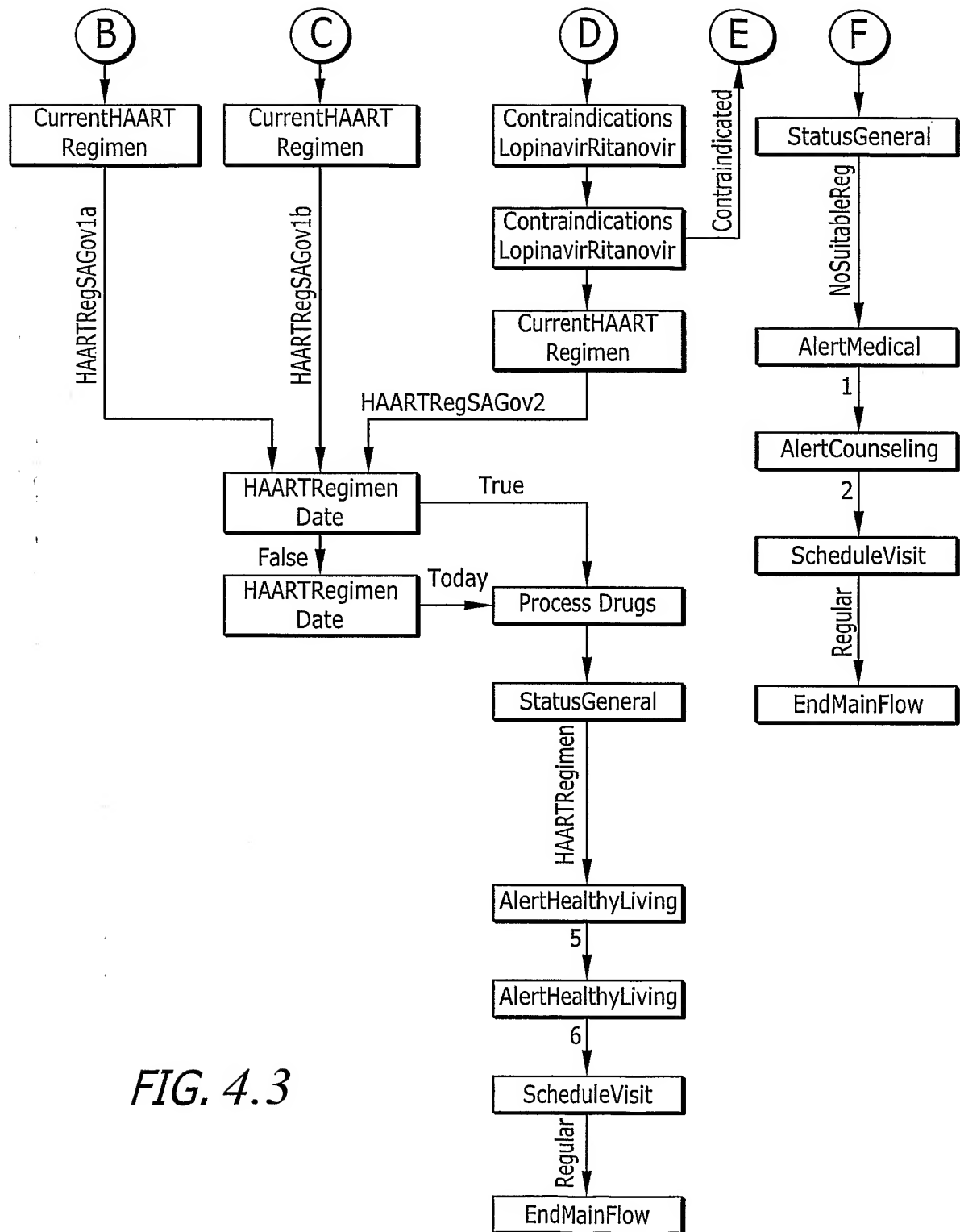


FIG. 4.3

FIG. 5

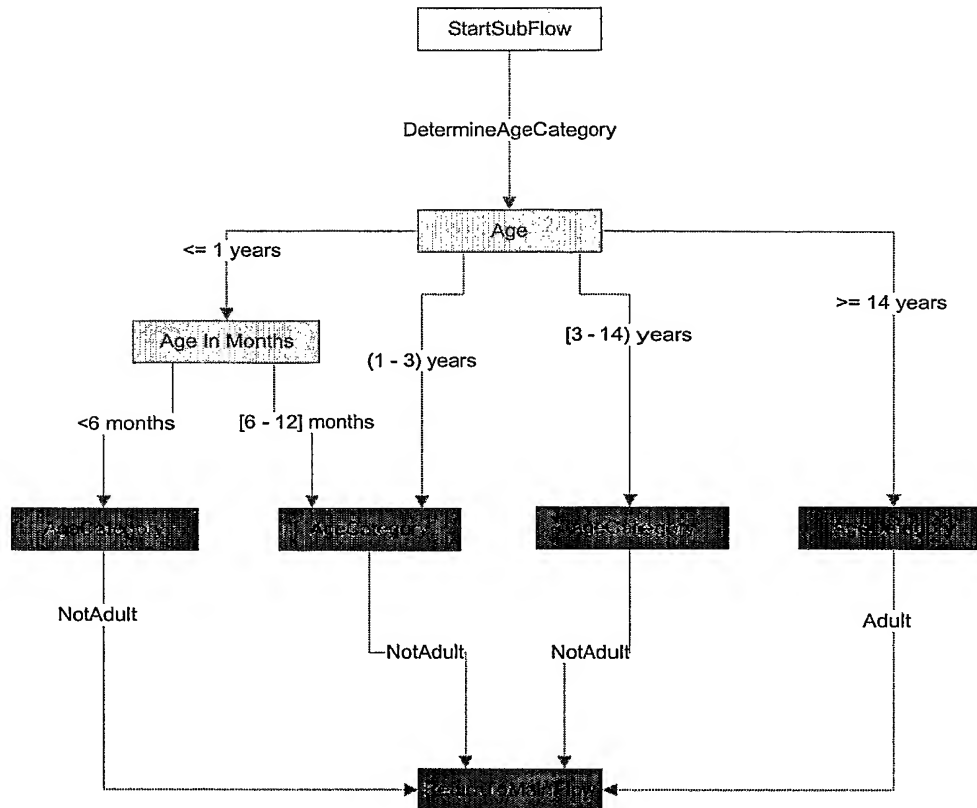


FIG. 6

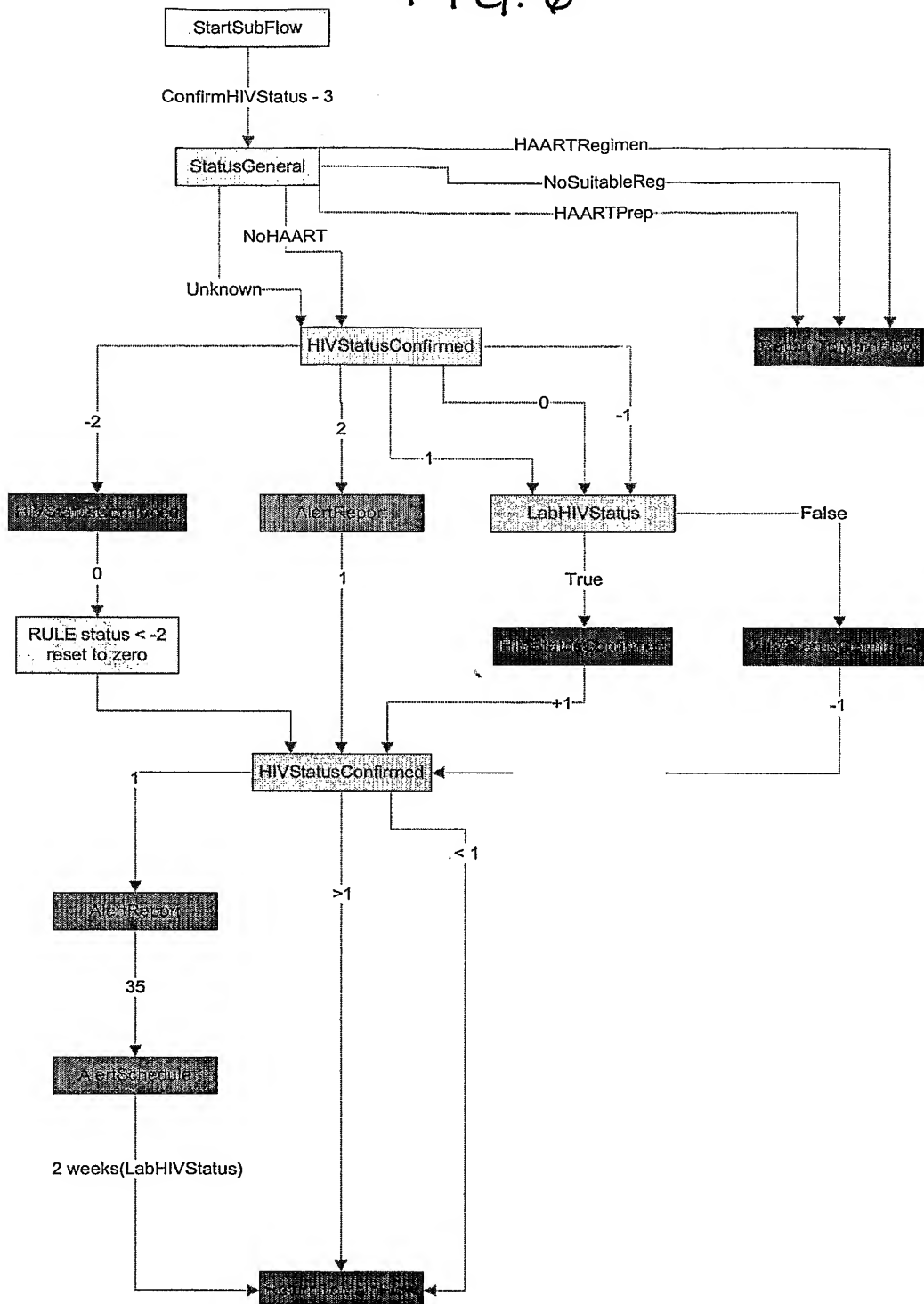


FIG. 8

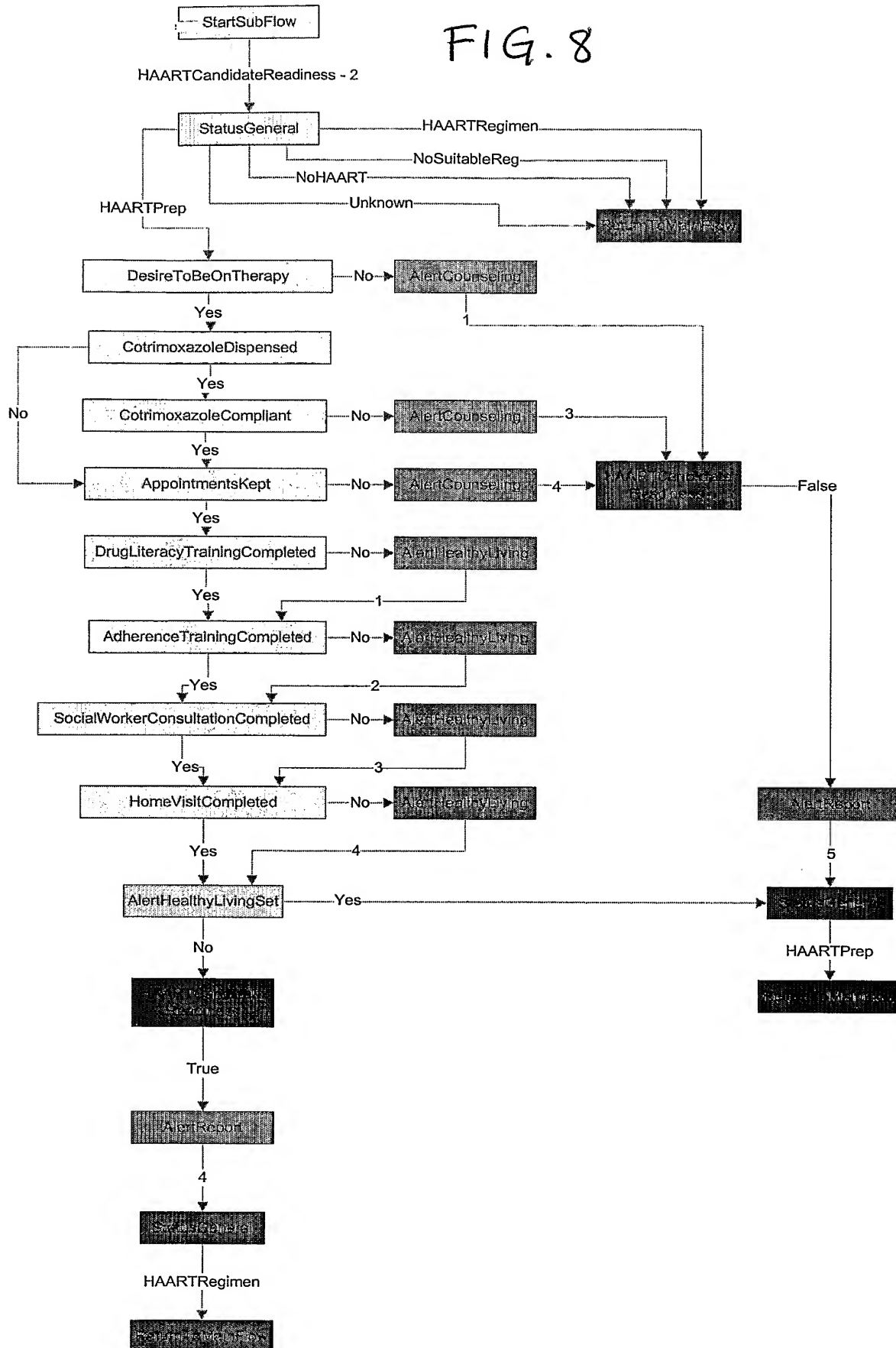


FIG. 9

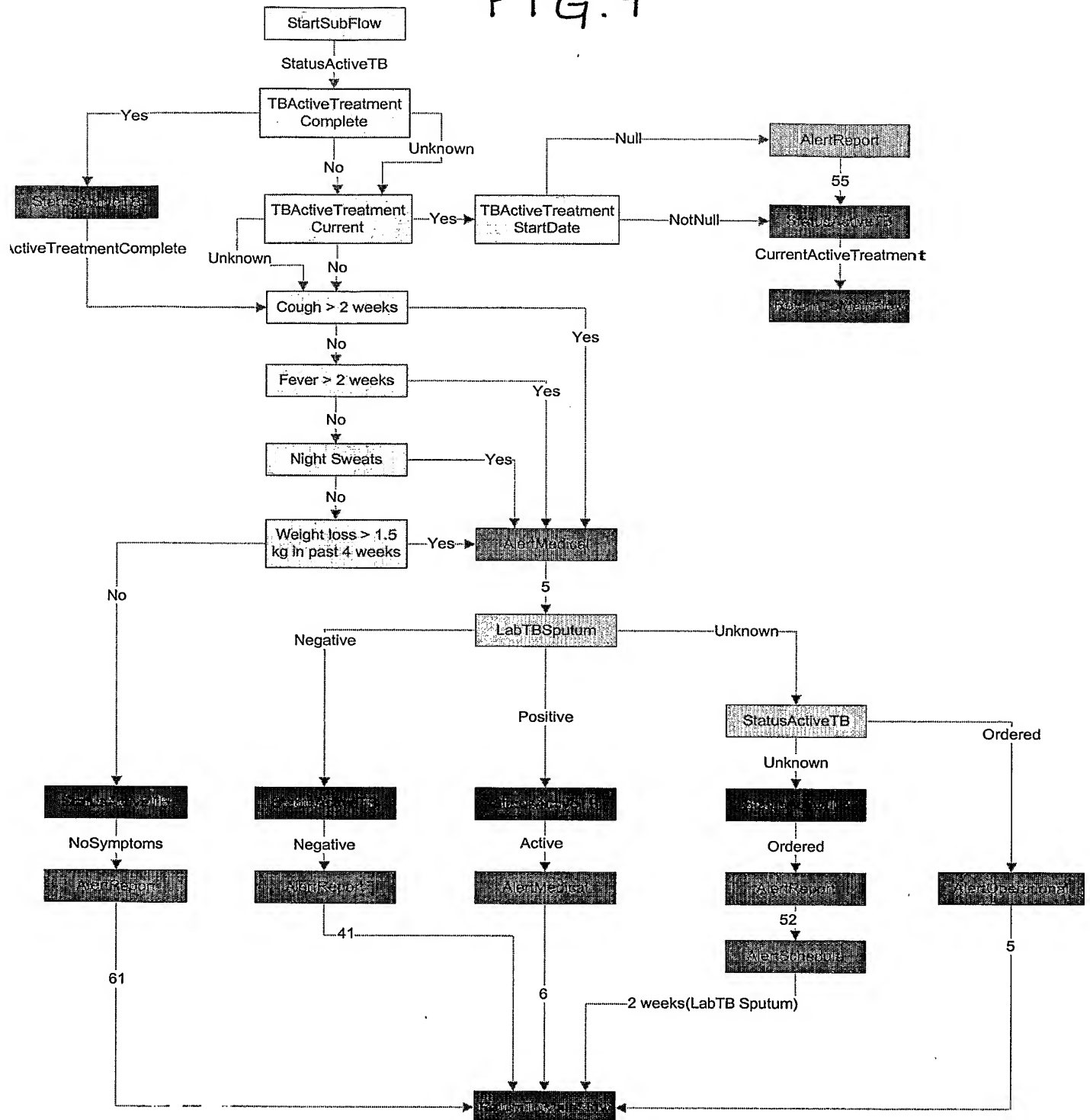


FIG. 10

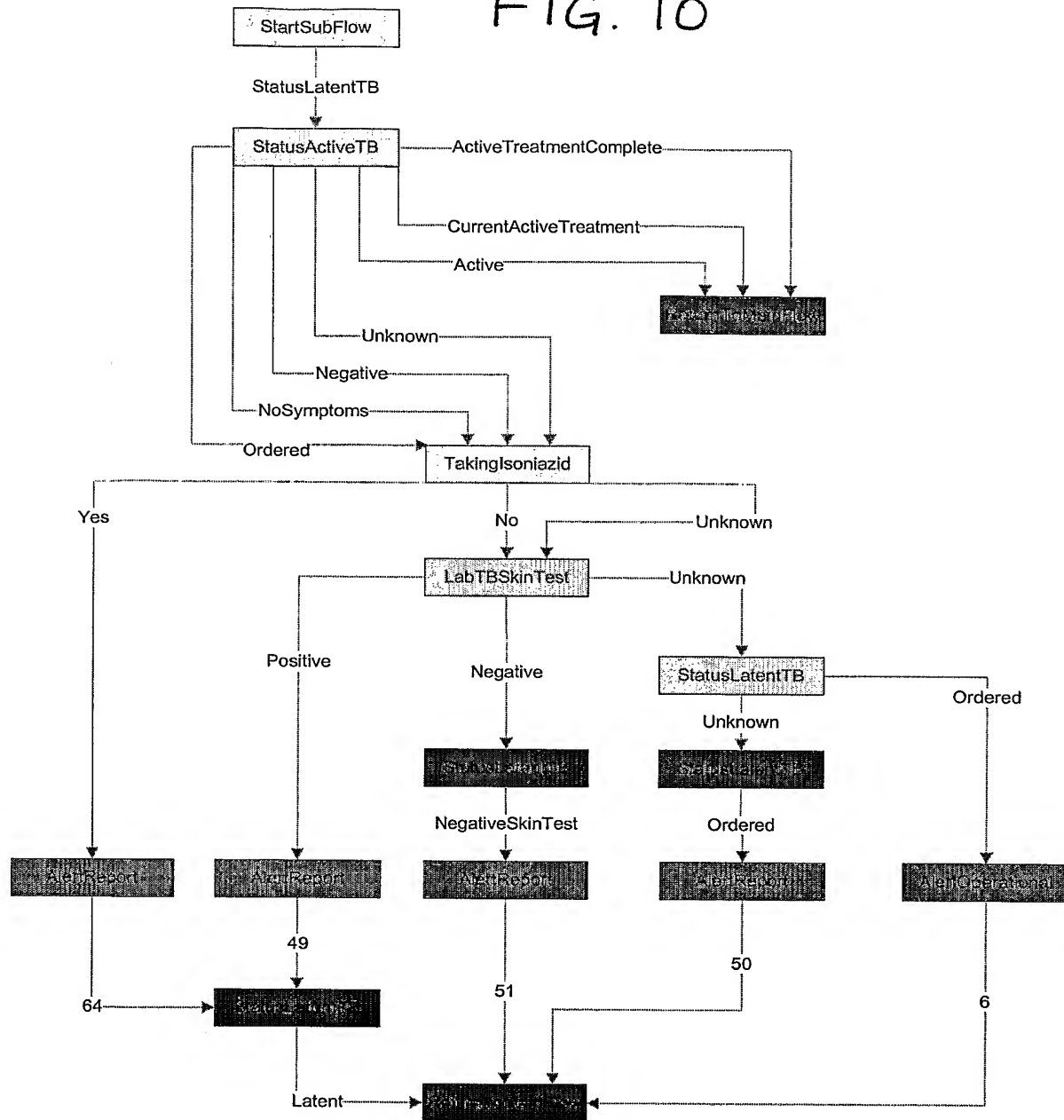


FIG. 12

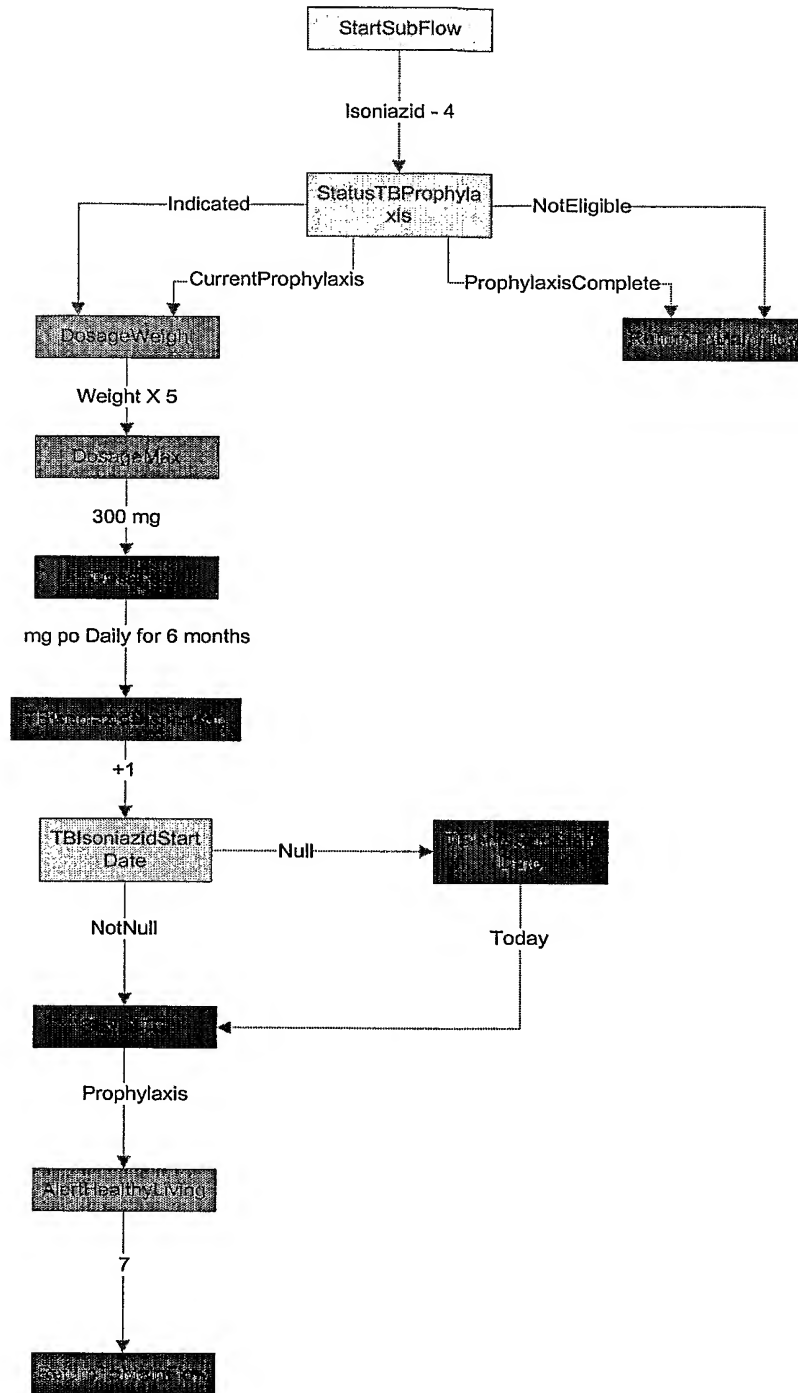


FIG. 13

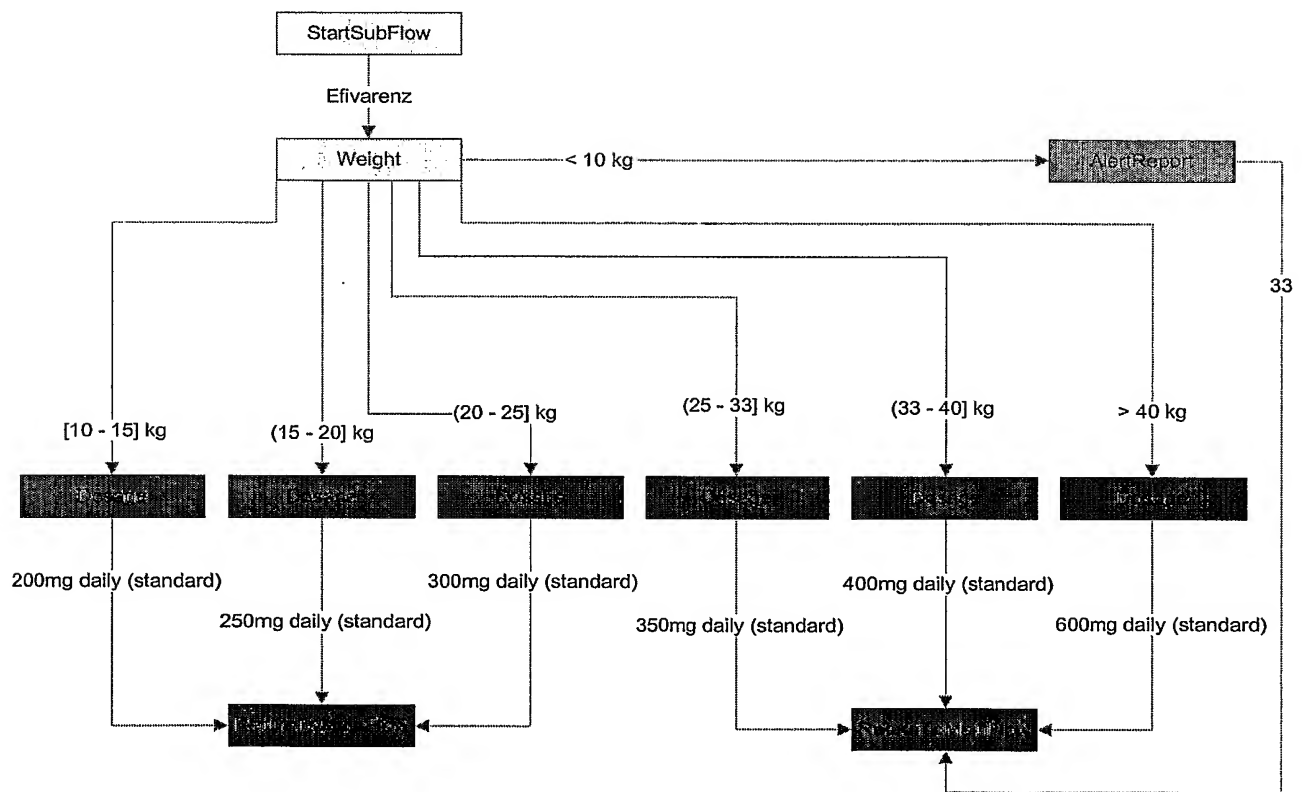


FIG. 14

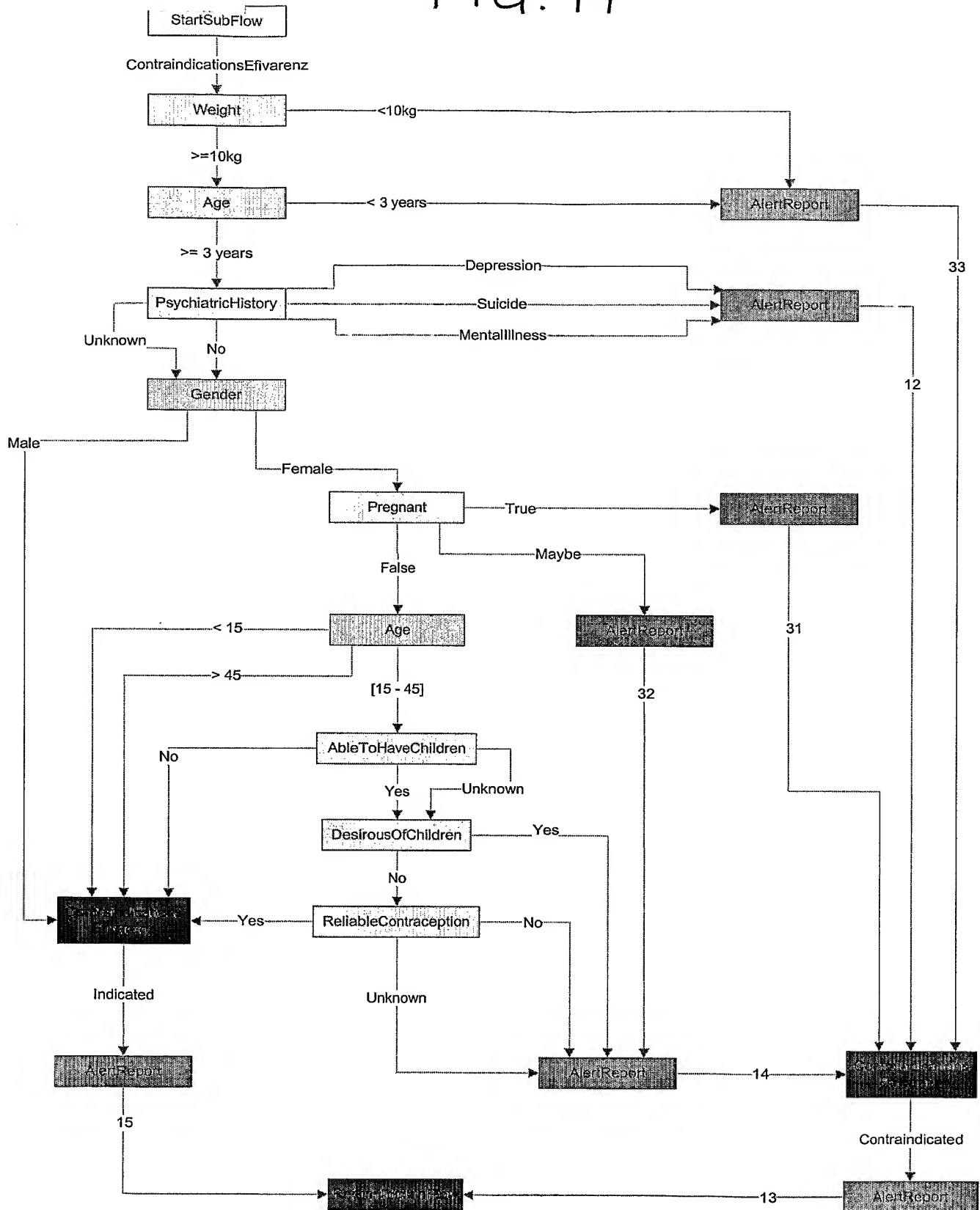


FIG. 15

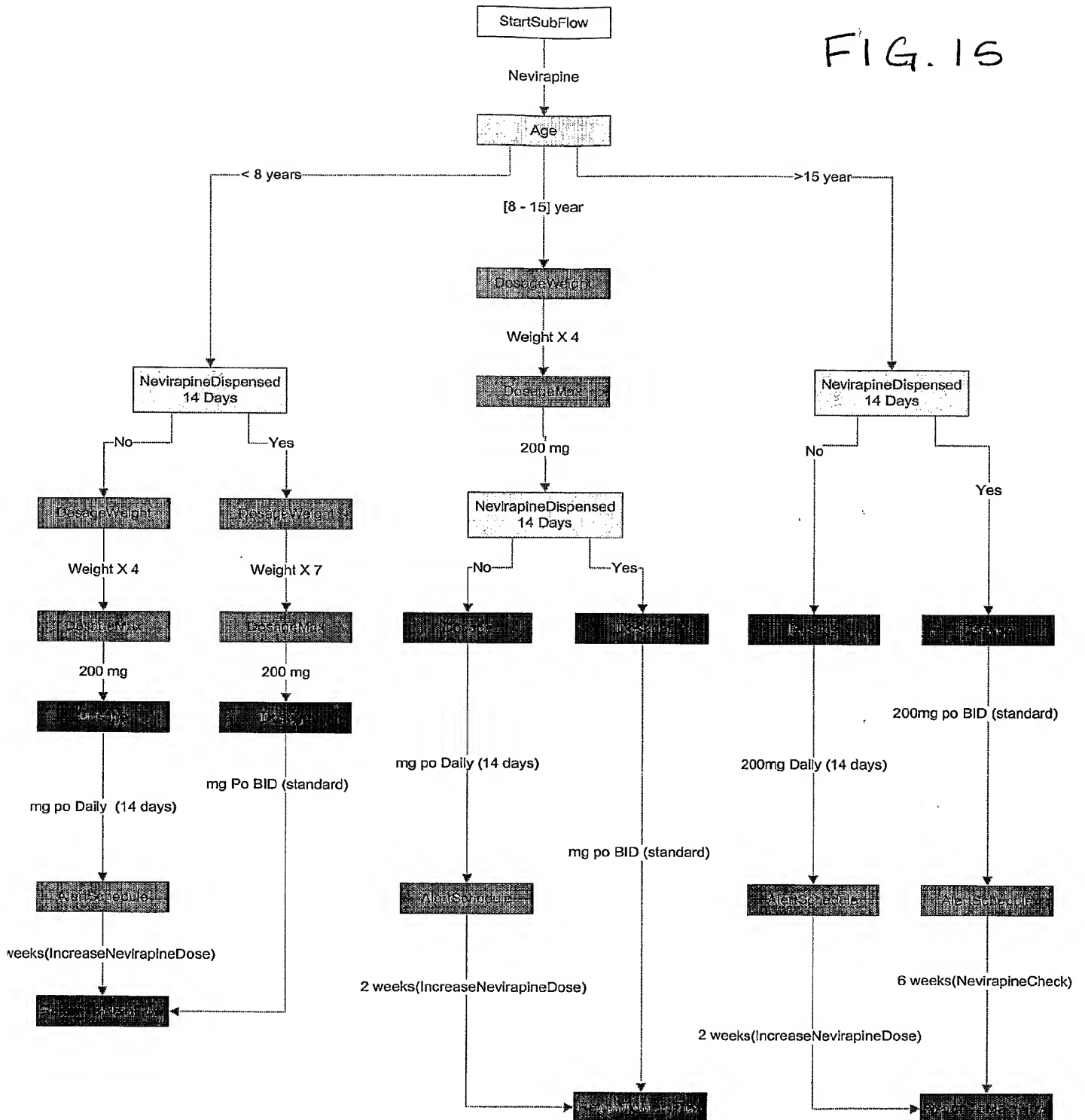


FIG. 16

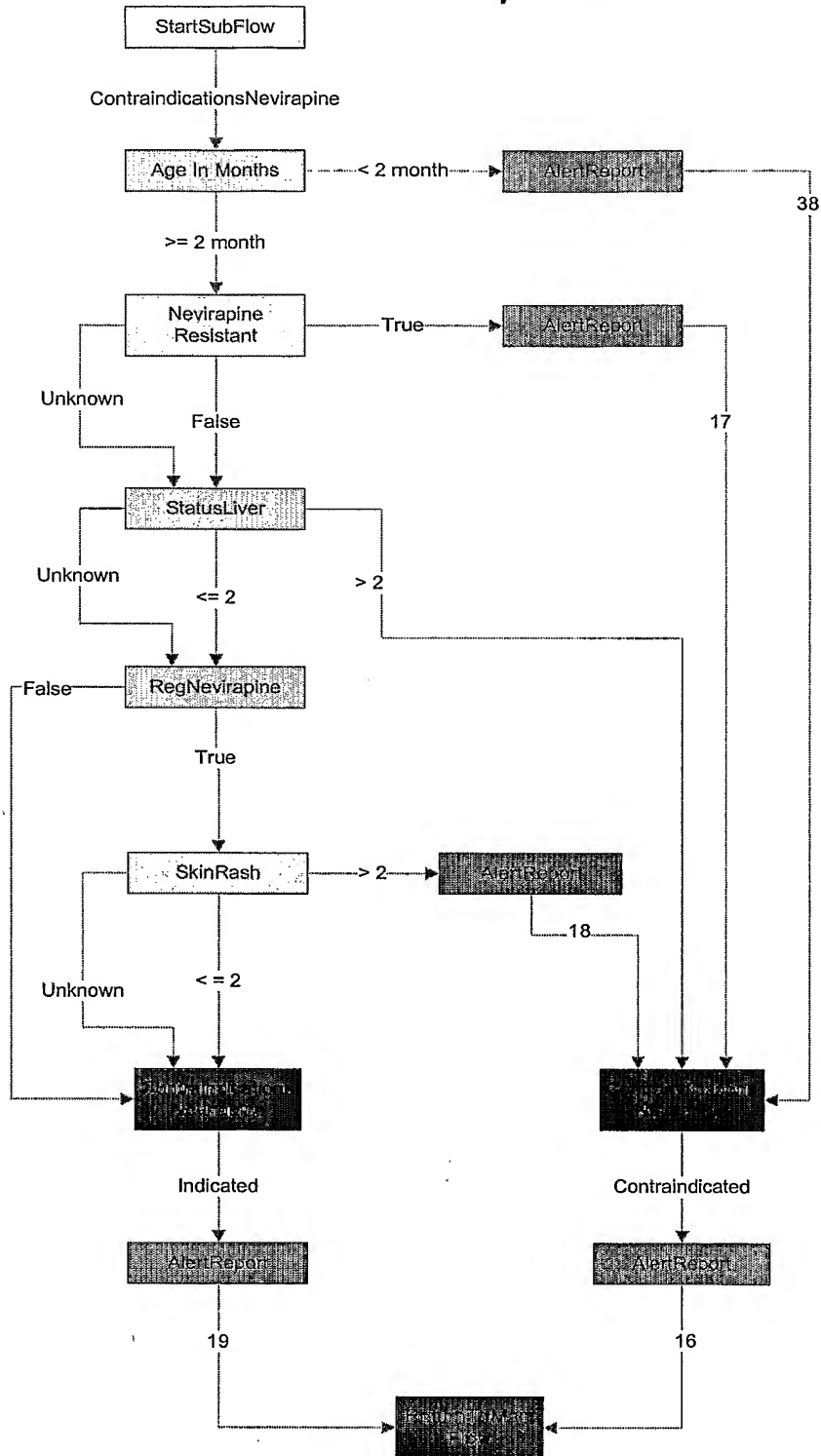


FIG. 17

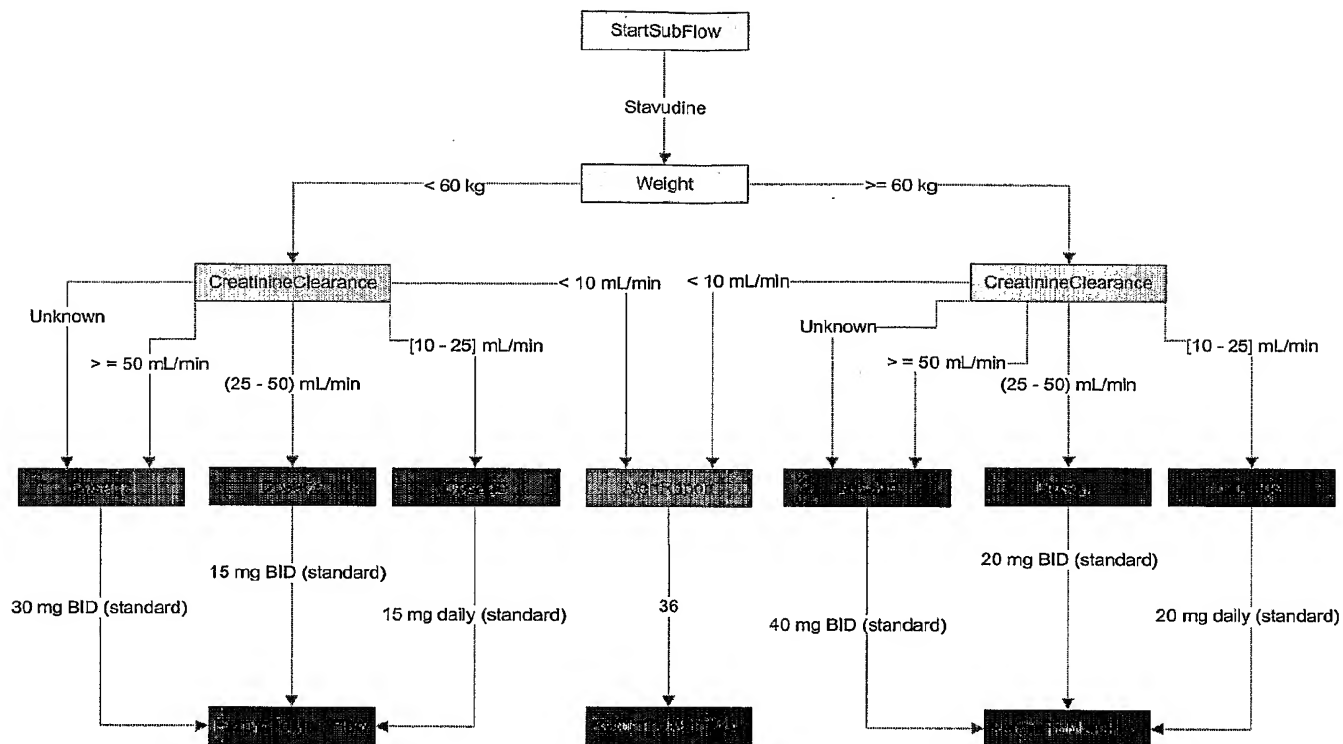


FIG. 18

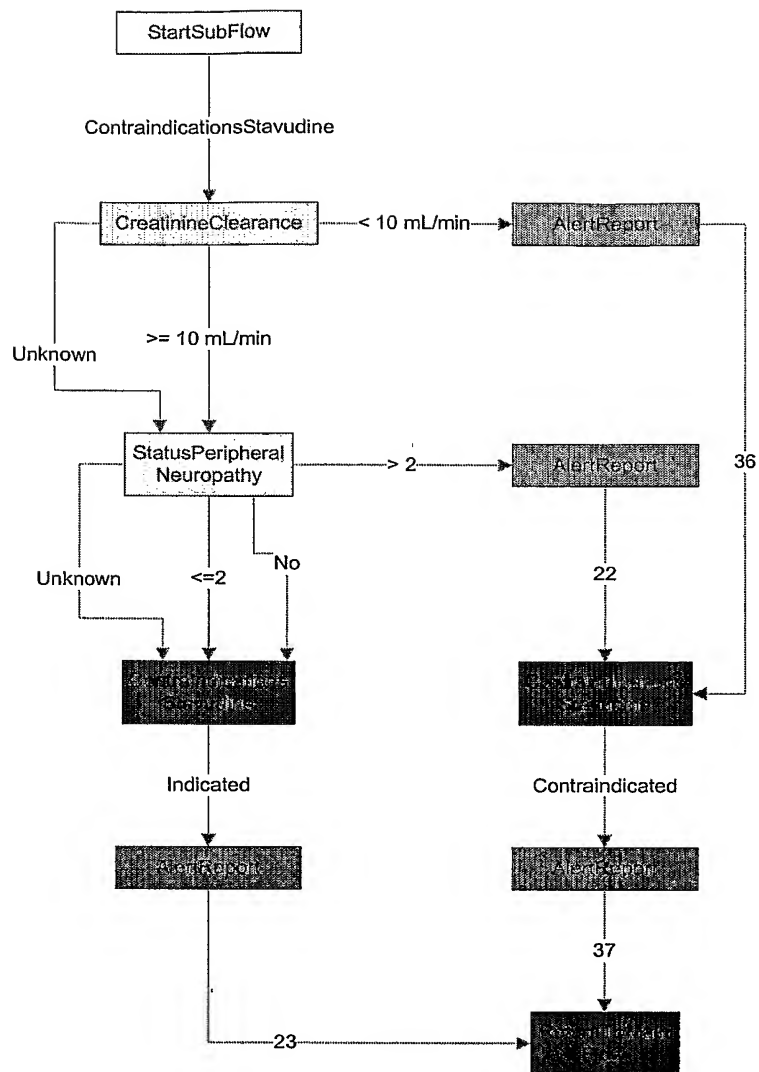


FIG. 19

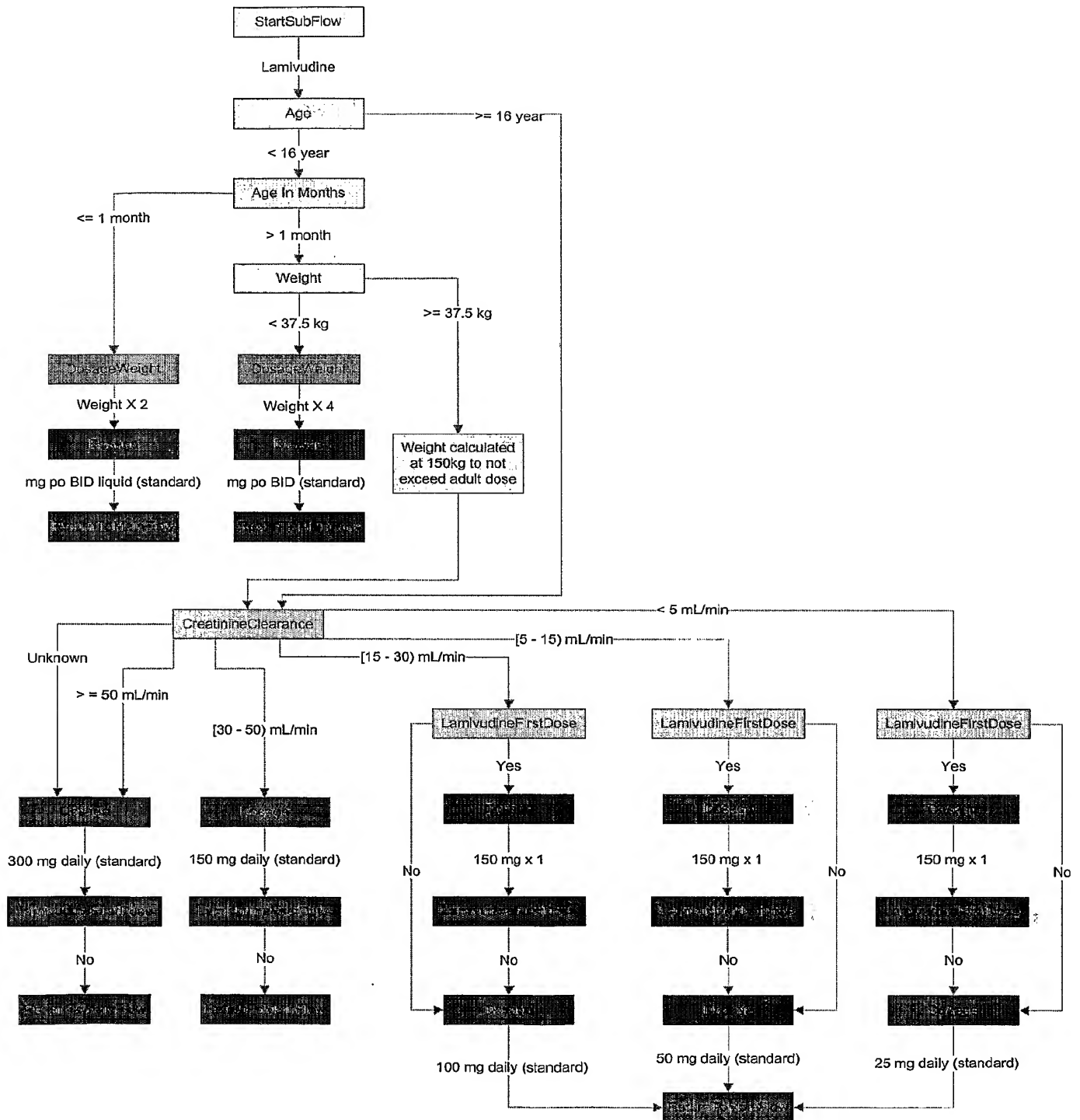
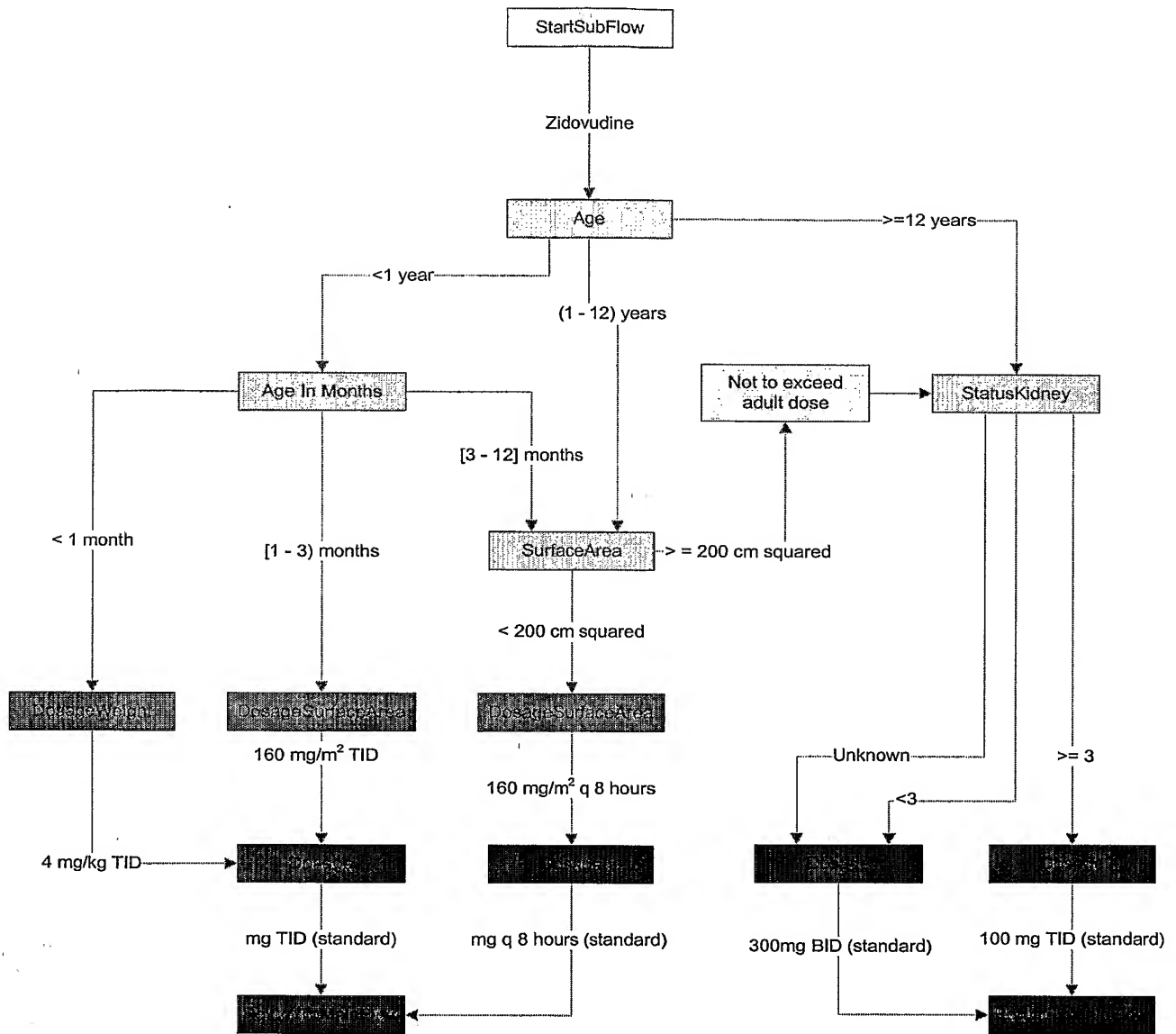


FIG. 20



$$SA = \text{Height[cm]} * (\text{Weight[kg]} / 36)$$

FIG. 21

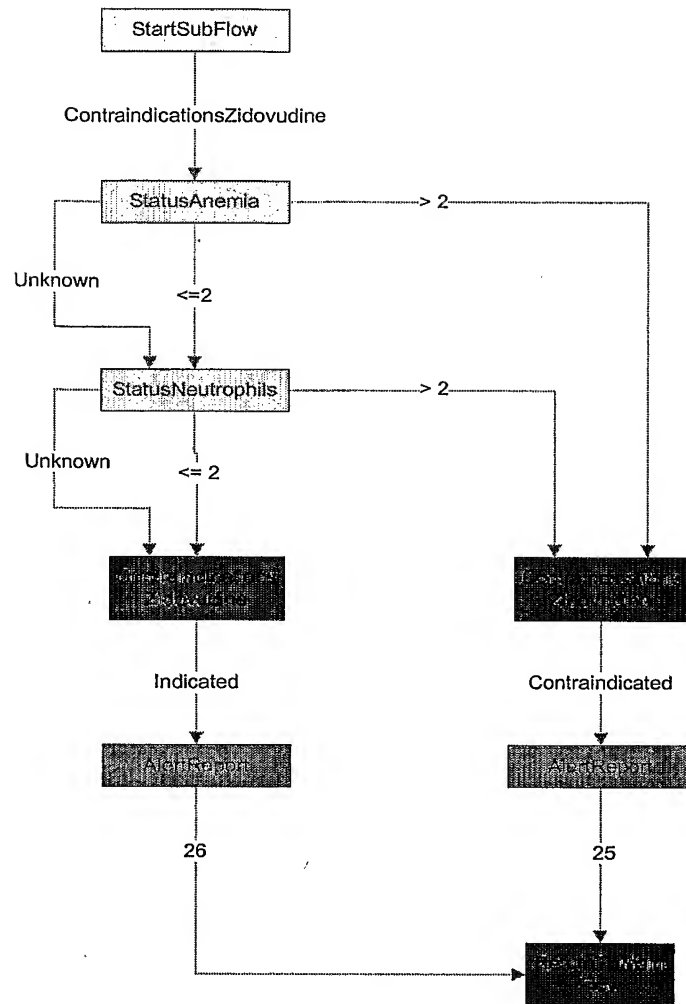


FIG. 22



FIG. 23

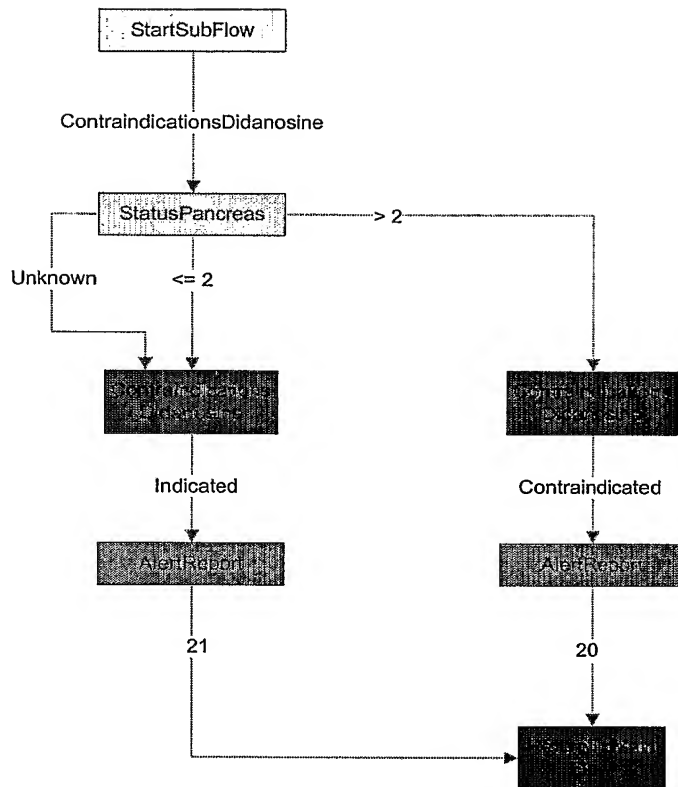


FIG. 24

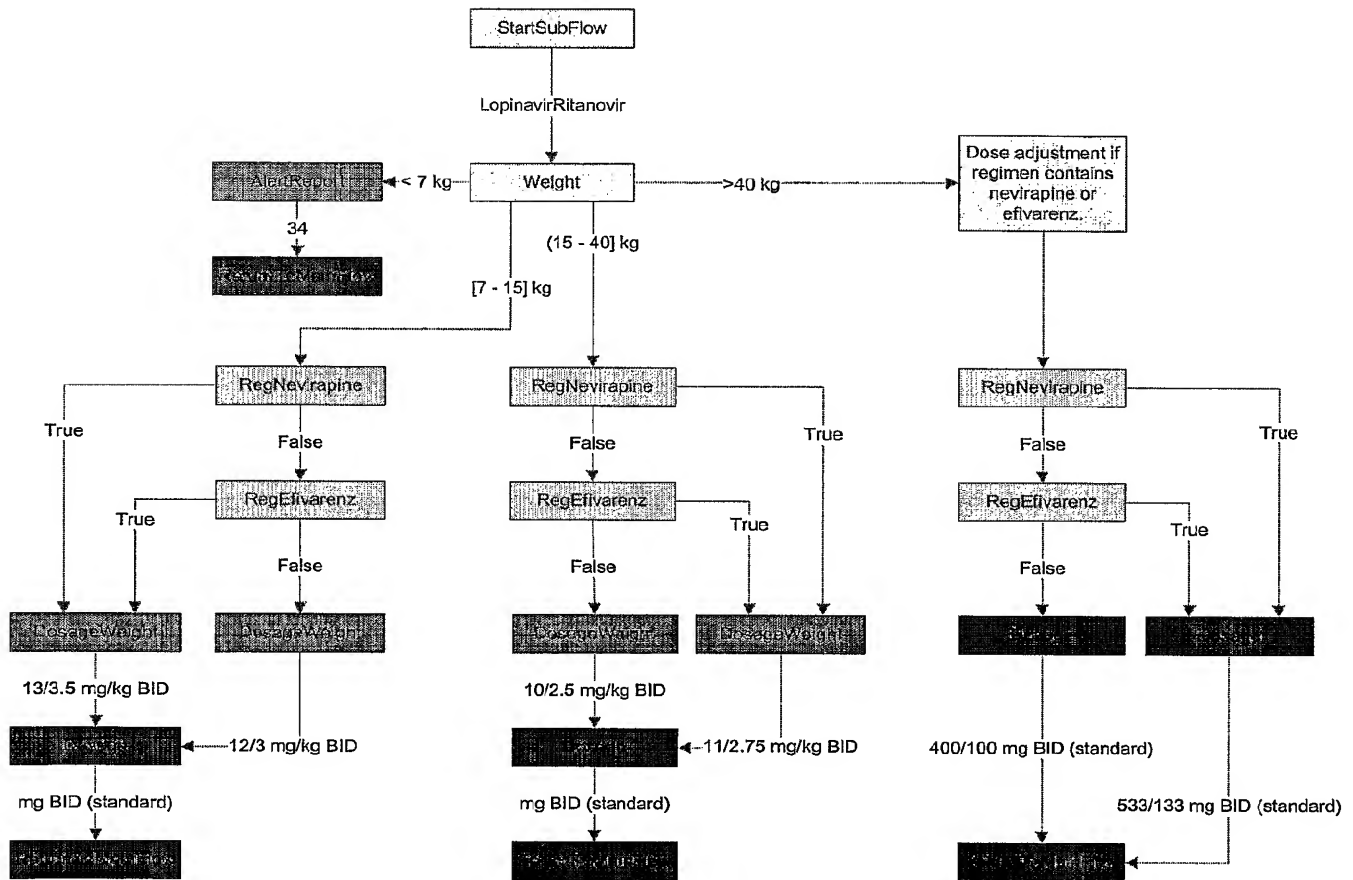


FIG. 25

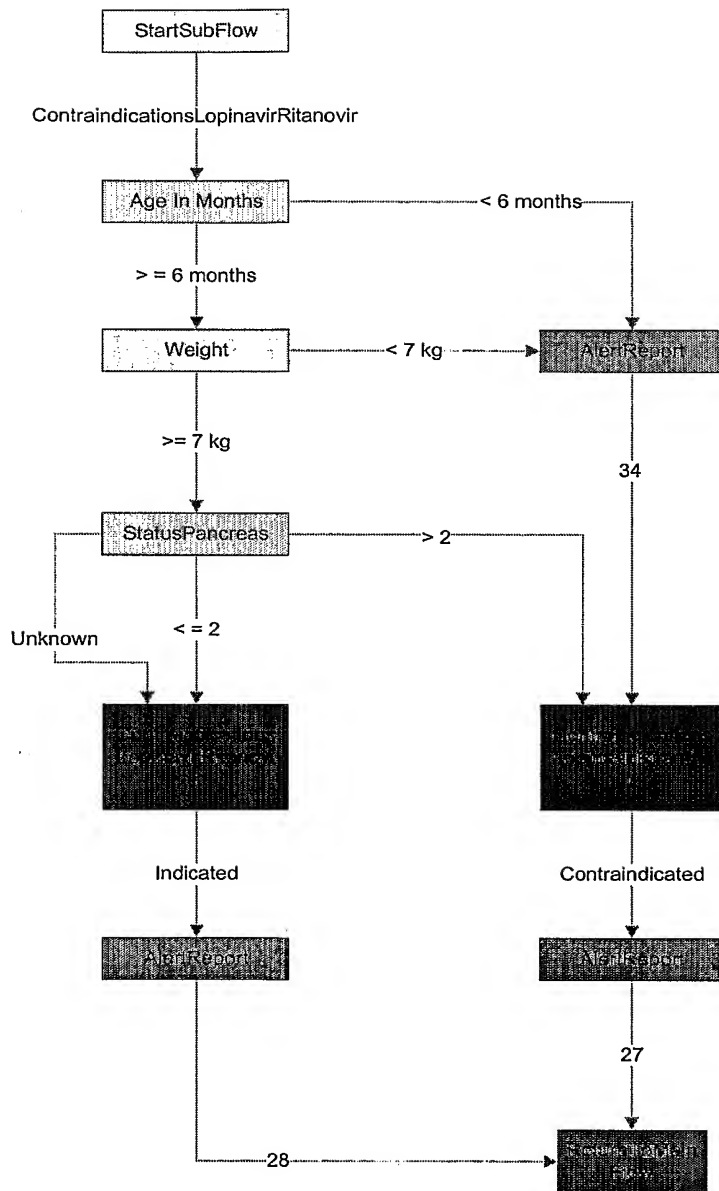


FIG. 26

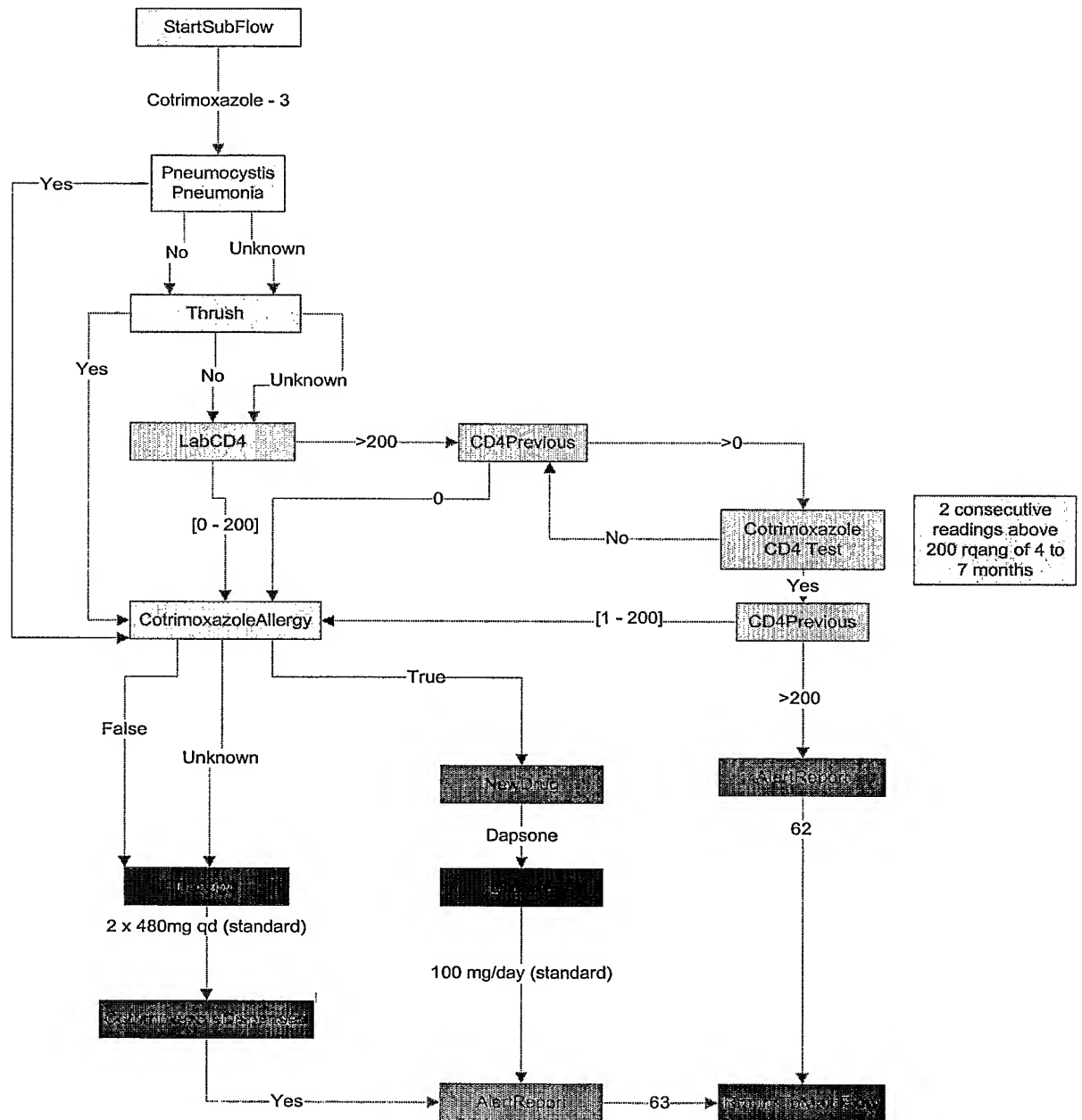


FIG. 27

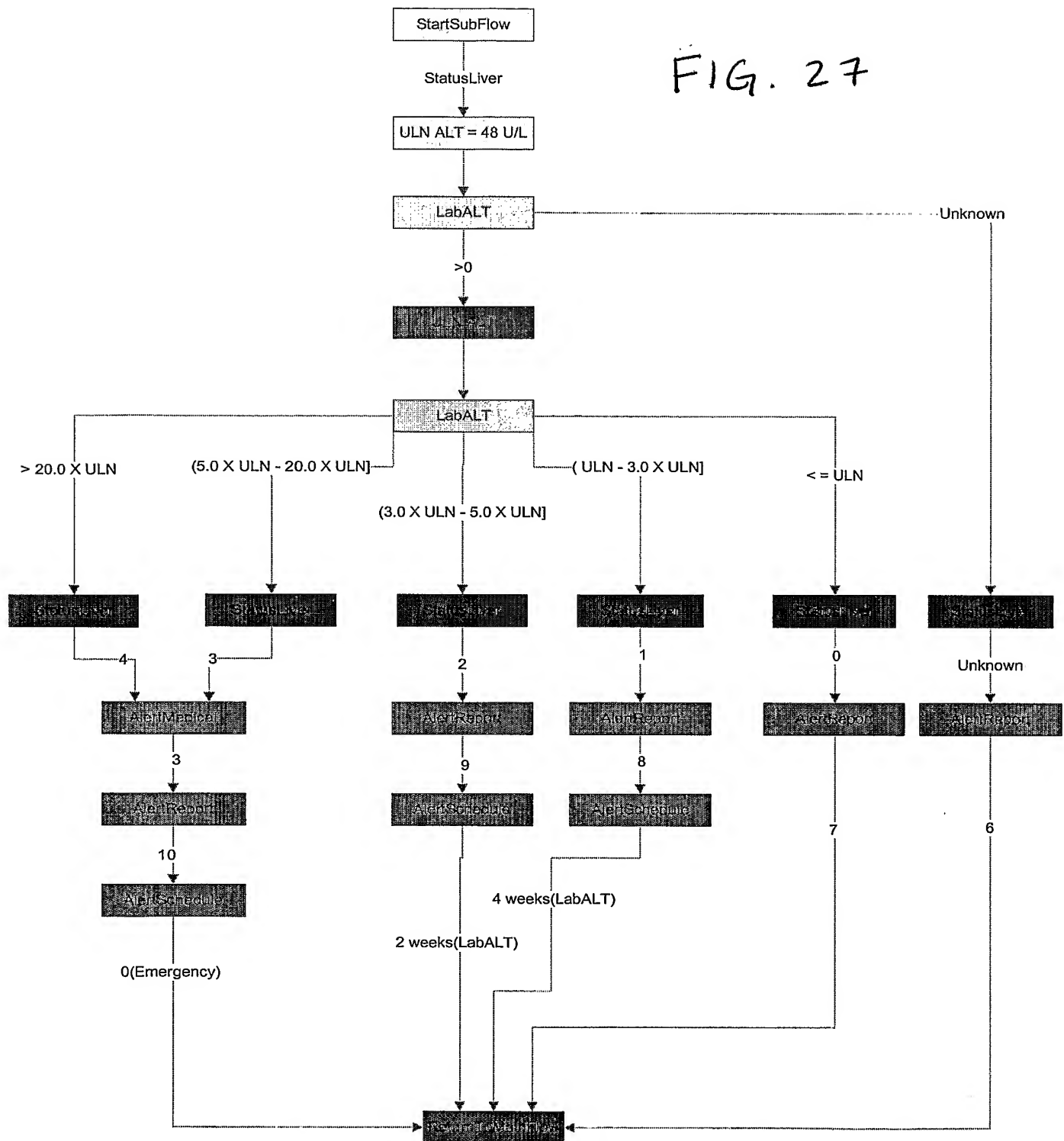


FIG. 29

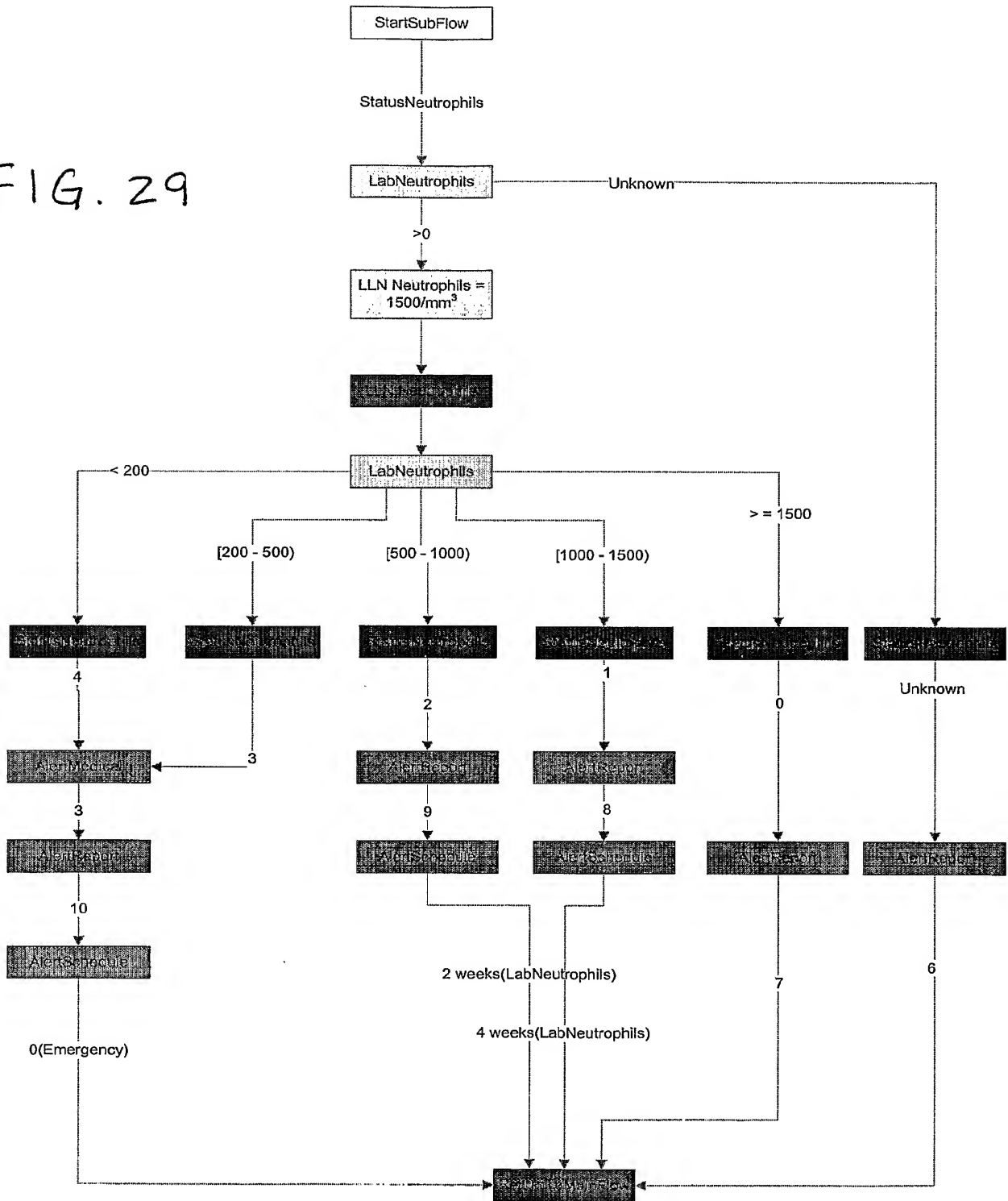


FIG. 30

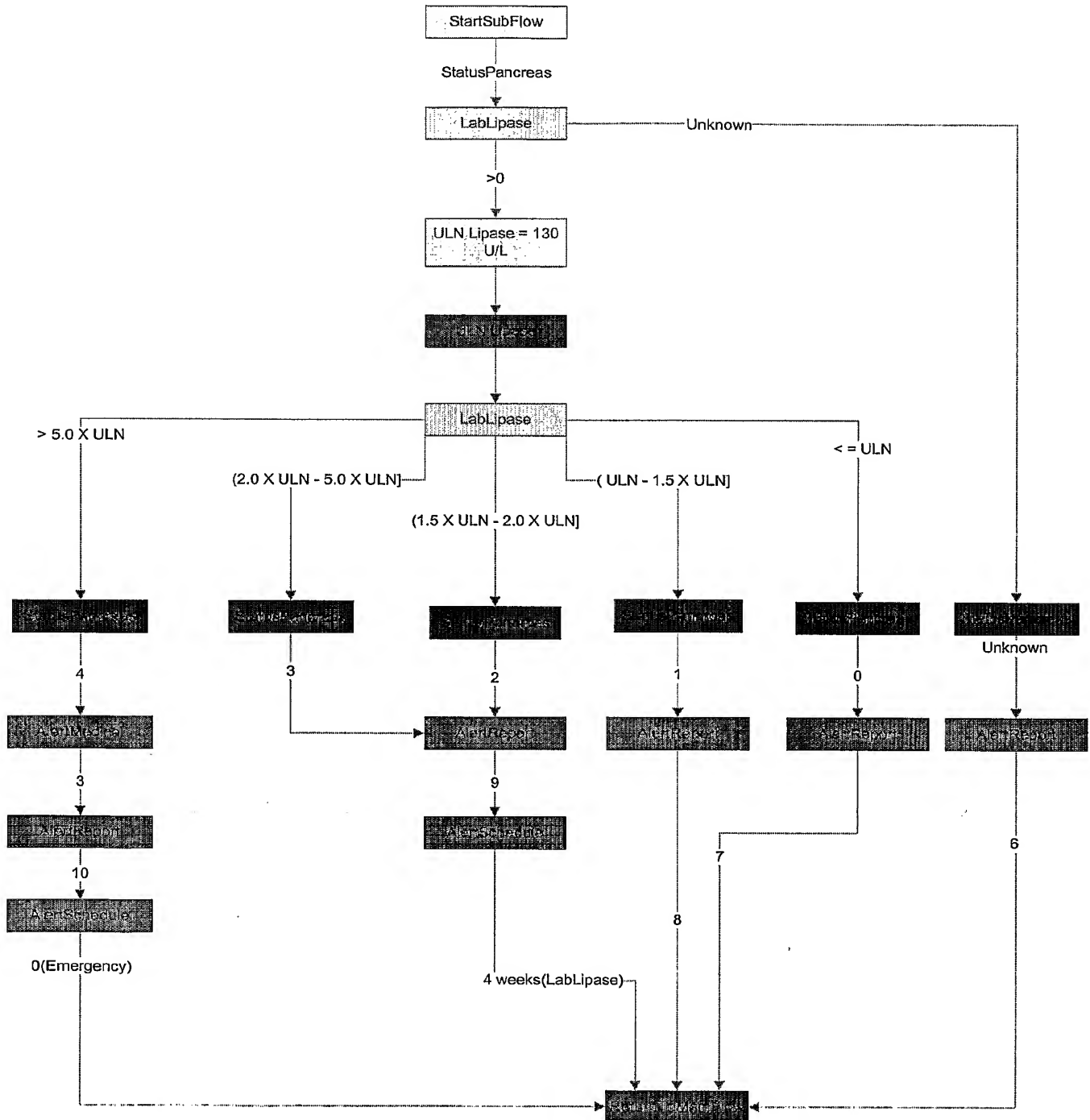


FIG. 32

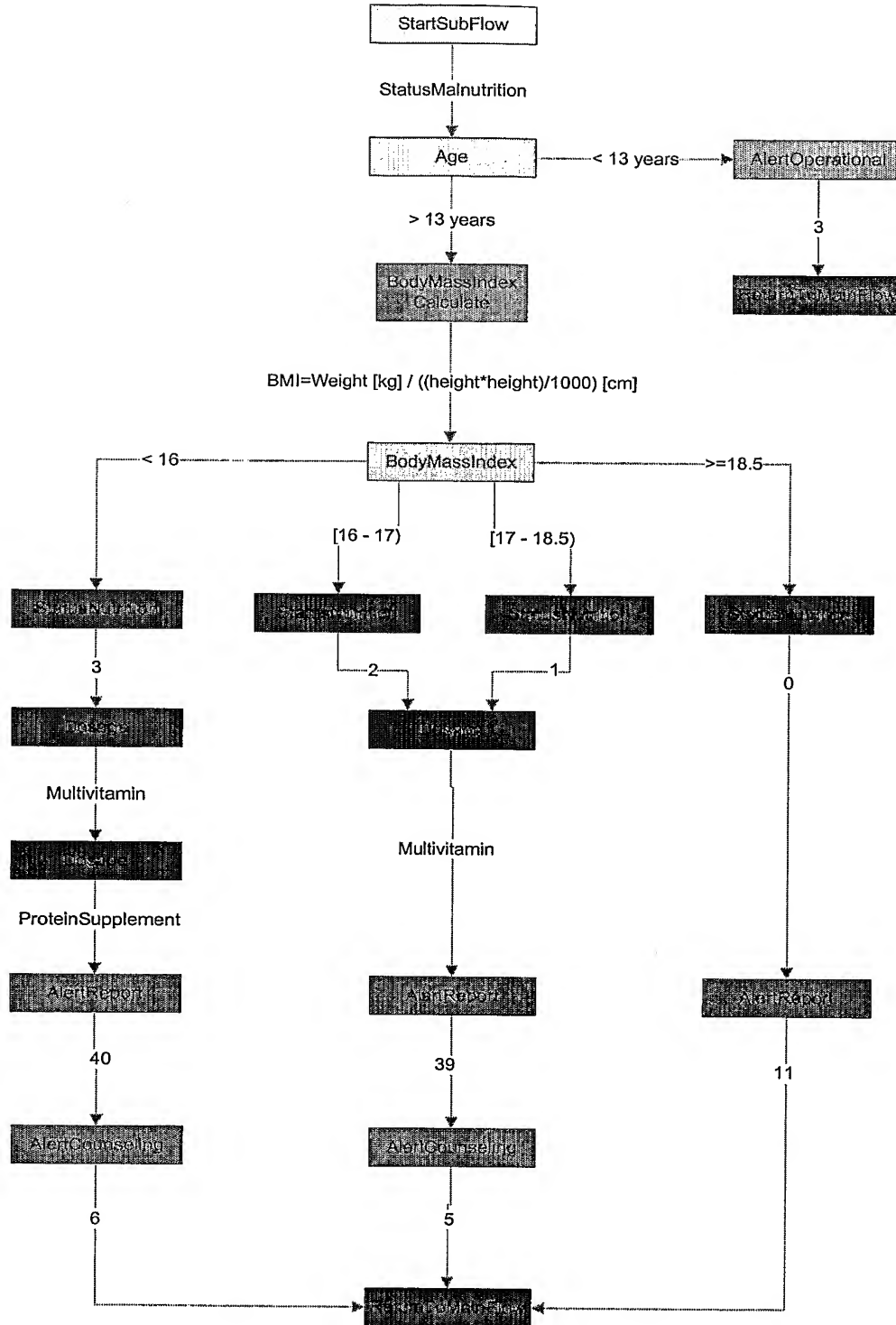


FIG. 33

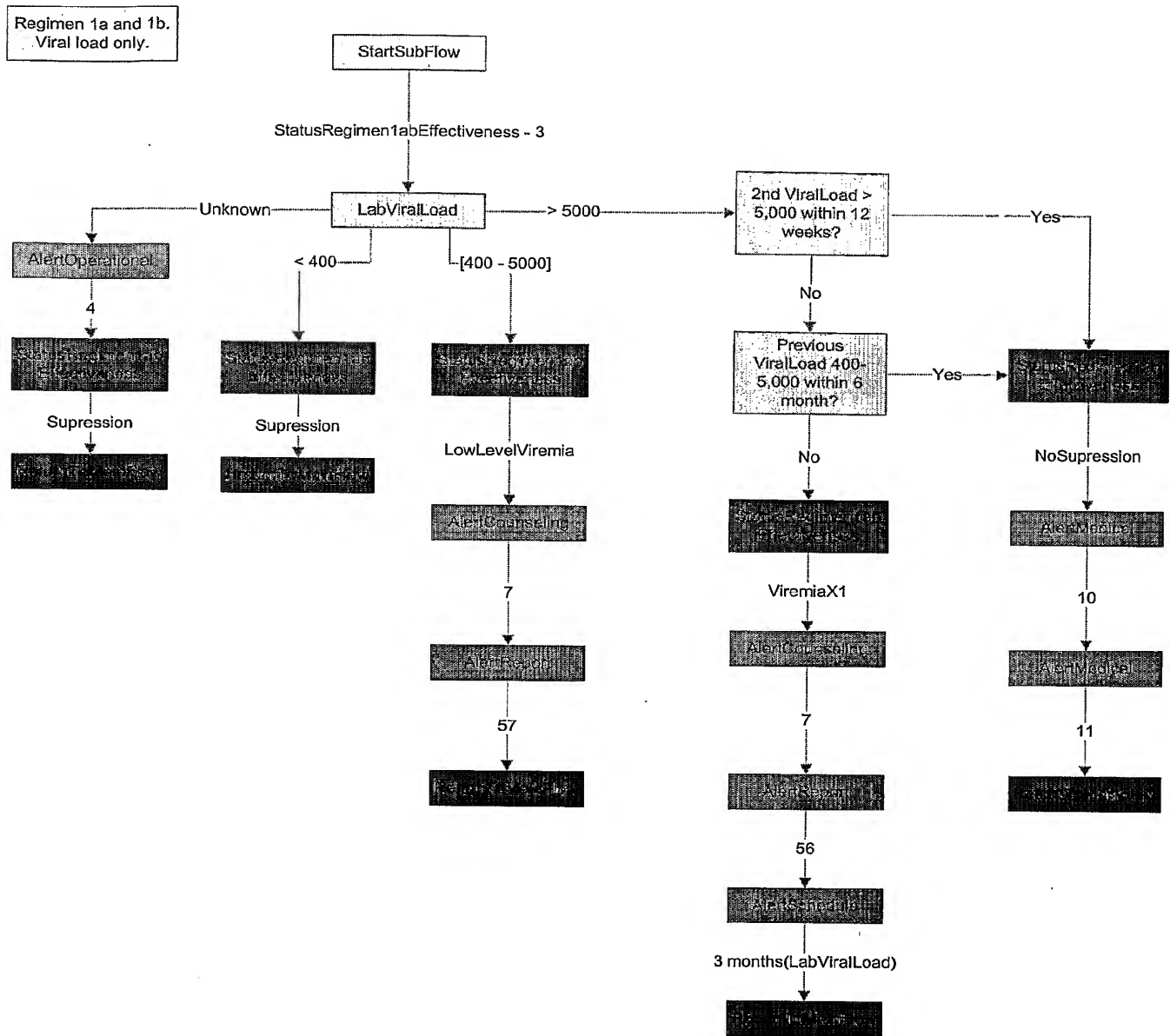


FIG. 34

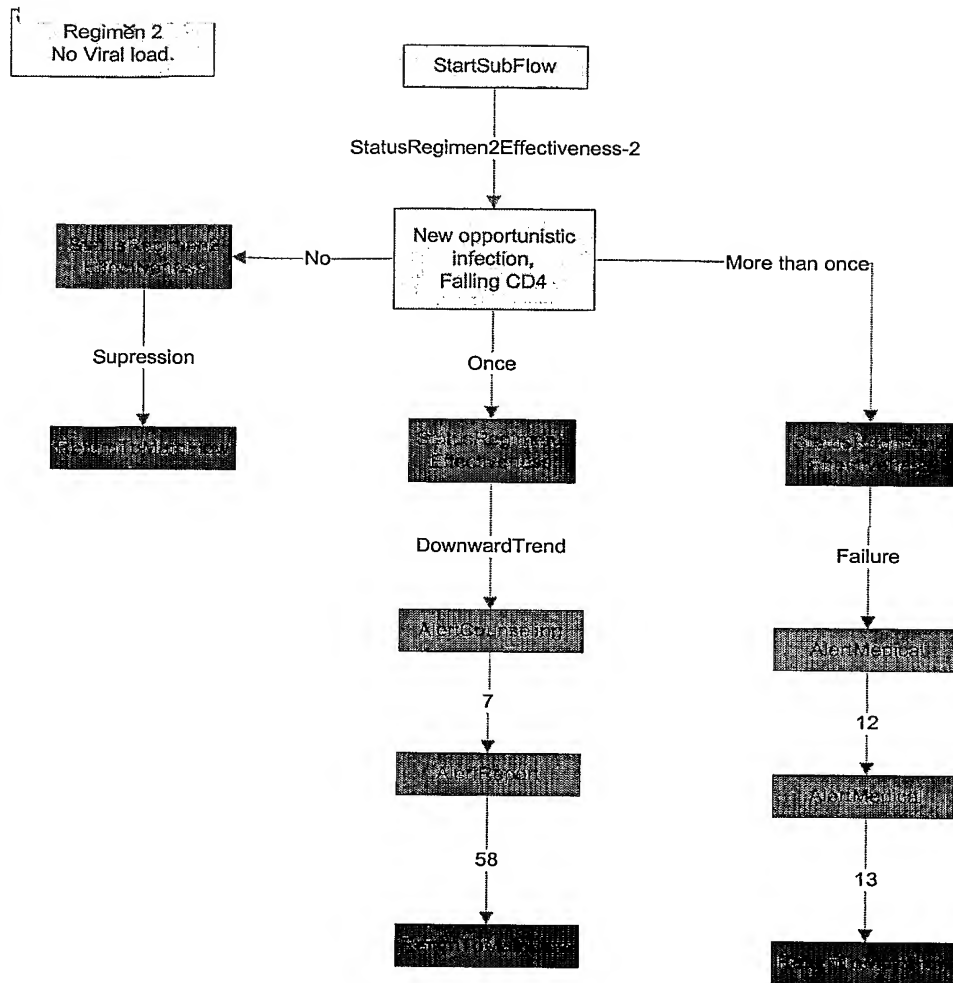


FIG. 35

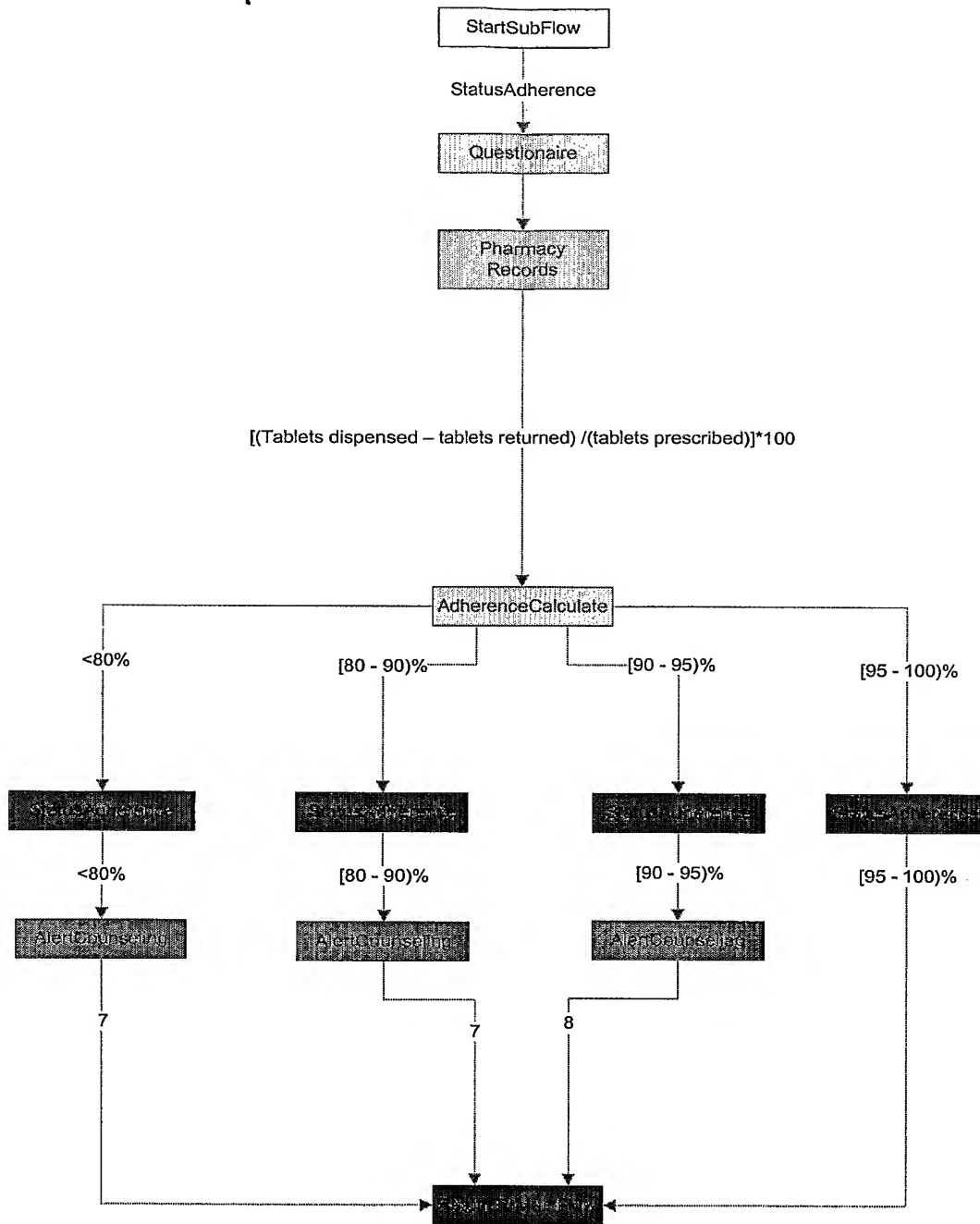


FIG 36

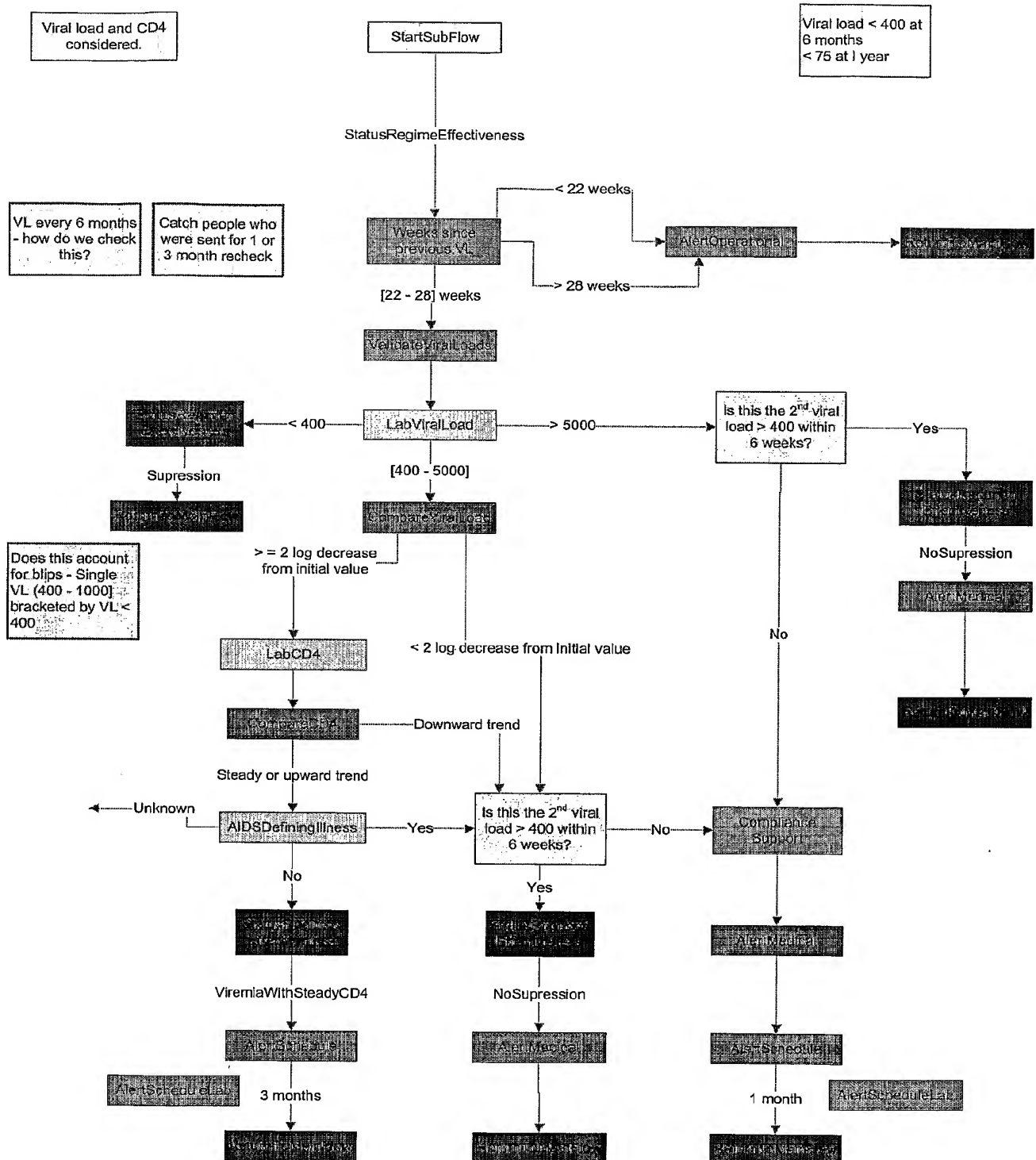


FIG. 37

Master Patient Data Entry

Master Patient

MasterPatientID	<input type="text"/>	Address1	<input type="text"/>
Title	<input type="text"/>	Address2	<input type="text"/>
First Name	<input type="text"/>	Address3	<input type="text"/>
Middle Name	<input type="text"/>	City	<input type="text"/>
Last Name	<input type="text"/>	Province	<input type="text"/>
Male	<input type="radio"/>	Country	<input type="text"/>
Female	<input type="radio"/>	Zip	<input type="text"/>
Date Of Birth	<input type="text"/> <small>YYYY/MM/DD</small>	Cell Phone	<input type="text"/>
Place Of Birth	<input type="text"/>	Home Phone	<input type="text"/>
Date Of Death	<input type="text"/>	E-mail Address	<input type="text"/>
NationalID	<input type="text"/>	MasterPatientDate	<input type="text"/>
Insurance	<input type="checkbox"/>	MasterPatientDateType	<input type="text"/>

FIG. 38

Database: User ID: User Name: Age: Gender: Clinic: Province: Country: Patient ID: 15

Clinical Data Form

Date Prepared: 2004/12/26 11:59:05 PM 15

Date of Birth: 1979 7 9

Height: 170 cm

Weight: 60 kg

HIV Status

Are you currently on antiretroviral medicine for HIV/AIDS? HAART Reg SA Gov't

Check drugs in regimen:

1A	EPV Efavirenz (Efavirenz)	3T Zidv (Zidovudine)	7TC Nifed (Nifedipine)
1B	NVP Nevirapine (Nevirapine)	3d Zidv (Zidovudine)	3TC Nifed (Nifedipine)
2	3d Nifed (Nifedipine)	AZT Retrovir (Zalcitabine)	Lopavir Retrovir (Lopinavir)
Unknown			

Do you want to be on medicine for AIDS?

Documented, number positive HIV tests?

Female

Gender:

Reset Cancel

FIG. 39

Database: USCDL User Name: Apple Sender: Clinician Clinic Province: Gambia Patient ID: 15

Clinical Data Form

AIDS Defining Illness

AIDS-defining illness, at present or in the past?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
Pneumocystis Pneumonia - current or previous?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
Thrush - persistent	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>

Bactrim Compliance

Allergic to Bactrim?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
Was Bactrim Dispensed?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	
Bactrim Pill Count - Is patient compliant?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	
Has patient kept 3 appointments in a row?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	

Peripheral Neuropathy

Pain and/or tingling in hands and/or feet?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
--	------------------------------------	-----------------------------------	--

Enter

StateBar2

Reset Cancel

FIG. 40

Database: User: Date: 10/20/2005 10:00:00 AM Clinic: Province: Gauteng PatientID: 15

Clinical Data Form

Psychological

Psychological problems, present or in the past:

Depression - overwhelming sadness, not related to any event:

Thoughts or attempts of suicide:

Previous mental illness requiring treatment/hospitalization:

Regimen Failure

Has patient failed Regimen 1a:

Has patient failed Regimen 1b:

Nevirapine Resistant

Nevirapine Resistant - proven:

Nevirapine

On Nevirapine within last month?

Enter

Reset Cancel

FIG. 41

Clinical Data Form

User ID: 1 Username: Admin Sender: Clinic: Province: Gaurang Patient ID: 15

TB Status

Treatment for active TB in the past 2 years?

Is your treatment for active TB complete?

Are you being treated for active TB now?

Are you taking Isoniazid to prevent TB now?

TB Symptoms

Cough > 2 weeks

Fever > 2 weeks

Night sweats

Weight loss > 1.5 kg in past 4 weeks

FIG. 42

DataEntry: UserID: 3, UserName: Adele Sender, Clinic: Vint, ClinicProvince: Gauteng, PatientID: 15

HAART Prep Form

Operations

Safer Sex Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Home Work Issues Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Legal Protection Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Nutrition Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Drug Literacy Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Home Assessment Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>

Enter

Reset Cancel

FIG. 43

LabForm

Patient ID: 15

Previous Lab: 11/24/2004 LABS Complete: No

	Unit	Value	Unit	Value	Previously Ordered
Current CD4	Cells/mL	30	Unknown	2004 12 27	Not Ordered
Previous CD4	Cells/mL	45	Unknown	2004 11 24	
Viral Load	copies/mL		Unknown		
Liver - ALT	U/L		Unknown		Not Done
Hemoglobin	g/L		Unknown		
Neutrophils	%		Unknown		
Lipase	U/L		Unknown		
Creatinine	mg/dL		Unknown		
TB Skin Test		Positive Negative	Unknown		
Sputum - TB		Positive Negative	Unknown	2004 12 27	

Today's Date

Replicate Date

Reset Dates

Error - Correct Lab Error

Enter

Cancel

Reset

Override

FIG. 44

Lab Entry Lab User ID: User Name: Lab Sender: Clinic ID: Clinic Province: Gauleing Patient ID: 15

Labs Form

Patient ID: 15

Previous Lab: 11/24/2004 LABS Complete: ☐ Override

	YYY	MM	DD	Previously Ordered
Current CD4: 30 Cells/mL: <input type="button" value="Unknown"/>	2004	12	27	<input type="button" value="Not Ordered"/>
Previous CD4: 45 Cells/mL:	2004	11	24	
Viral Load: <input type="button" value="Unknown"/>				
Liver - ALT: <input type="button" value="Unknown"/>				<input type="button" value="Not Done"/>
Hemoglobin: <input type="button" value="Unknown"/>				
Neutrophils: <input type="button" value="Unknown"/>				
Lipase: <input type="button" value="Unknown"/>				
Creatinine: <input type="button" value="Unknown"/>				
TB Skin Test: <input type="button" value="Positive"/> <input type="button" value="Negative"/> <input type="button" value="Unknown"/>				
Sputum - TB: <input type="button" value="Positive"/> <input type="button" value="Negative"/> <input type="button" value="Unknown"/>	2004	12	27	

Lab Entered

Done

FIG. 45

Main Menu: User ID: 1 User Name: John Sender Clinic: 1 Clinic Province: Gauteng Patient ID: 15

New Patient Existing Patient Reports Utilities

Patient ID: 15 Today's Date: 2004/12/27

Print Close

Alerts

High Medium Low

☒ Active TB - requires treatment

☒ Signs of active TB

Medication

☒ Bactrim 2x 480mg qd (standard)

Next Appointment

☒ Regular Scheduled 2005/01/05

☒ Labs: ALT

Healthy Living

Gender: Male

Age: 25

Weight: 60 kg

Height: 170 cm

Regimen

1a

5 Weeks

Current CD4: 30 Cells/mL 2004-12-27

Previous CD4: 45 Cells/mL 2004-11-24

Viral Load

Liver - ALT

Hemoglobin

Neutrophils

Lipase

Creatinine

TB Skin Test

TB Sputum: Positive 2004-12-27

HIV Status: G HAART Candidate: R Compliance: R Effectiveness: R

FIG. 46

Print preview User: [User Name] Role: Sender Clinic: [Clinic Name] Info: Province: [Province] PatientID: [PatientID]

Close

Page 1

Patient Flow Analysis

PatientID	Date
15	2004/12/27

Alerts High
Active TB - requires treatment
Signs of active TB

Alerts Medium
Bedrim prophylaxis indicated

Alerts Low
(Status Liver) unknown
Nutrition within normal limits

Medication
Bactrim 2x 480mg qd (standard)

Next Appointment
Regular Scheduled 2005/01/05
Lab: ALT

Healthy Living

Gender: Male
Age: 25
Weight: 60 kg
Height: 170 cm

Regimen
1A
5 Weeks

Current CD4: 30 Cells/mL 2004-12-27
Previous CD4: 45 Cells/mL 2004-11-24
Viral Load:
Liver - ALT:
Hemoglobin:
Neutrophils:
Uprase:
Cretinine:
TB Skin Test:
TB Sputum: Positive 2004-12-27

HIV Status	HAART Candidate	Compliance	Effectiveness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MSN Messenger
spclac35@aol.com
has just signed in.

FIG. 47

Display Patient		Creation Date: 2004/12/27 12:04:45 AM		Patient ID: 15	
Date of Birth	19/9/07/03				
Height	170 cm				
Weight	60 kg				
Are you currently on antiretroviral medicine for HIV/AIDS?	YES	NO	HARVIT Reg SAQ v1.0		
Do you want to be on medicine for AIDS?	YES	NO	Select		
Documented, number positive HIV tests?	0	1	2		
Gender:	Male	Female	Fair		
			Close		
AIDS-defining illness, at present or in the past?	YES	NO	Unknown		
Pneumocystis Pneumonia - current or previous?	YES	NO	Unknown		
Thrush - persistent	YES	NO	Unknown		
Allergic to Bacrim?	YES	NO	Unknown		
Was Bacrim Dispensed?	YES	NO			
Bacrim Fill Count - Is patient compliant?	YES	NO			
Has patient kept 3 appointments in a row?	YES	NO			
Pain and/or tingling in hands and/or feet?	YES	NO	Unknown		
Psychological problems, present or in the past	YES	NO	Unknown		
Has patient failed Regimen 1a	YES	NO	Unknown		
Has patient failed Regimen 1b	YES	NO	Unknown		
Nevirapine Resistant - proven	YES	NO	Unknown		
On Nevirapine within last month?	YES	NO			
Treatment for active TB in the past 2 years?	YES	NO	Unknown		
Is your treatment for active TB complete?	YES	NO	Unknown		
Are you being treated for active TB now?	YES	NO	Unknown		
Are you taking Isoniazid to prevent TB now?	YES	NO	Unknown		
Cough > 2 weeks	NO	YES			
Fever > 2 weeks	NO	YES			
Night sweats	NO	YES			
Weight loss > 1.5 kg in past 4 weeks	NO	YES			

FIG. 48

Appointment Evaluation: User ID: User Name: Address: Clinic No: 1 Clinic Province: Content: Patient ID: 12

Appointment Status

Patient ID:

HAART Regimen Start: 2004/11/24 Regimen: HAARTRegSAGov1a

Last Appointment: 2004/12/27

Weeks since HAART initiated: 5 Next Scheduled Appointment: 2005/01/19

Patient Appointment due in 3 weeks

Procedures to be performed

☒ Drug Pickup

☒ Education

☒ Physical Exam - Doctor

Lab Tests

☒ ALT

FIG. 49

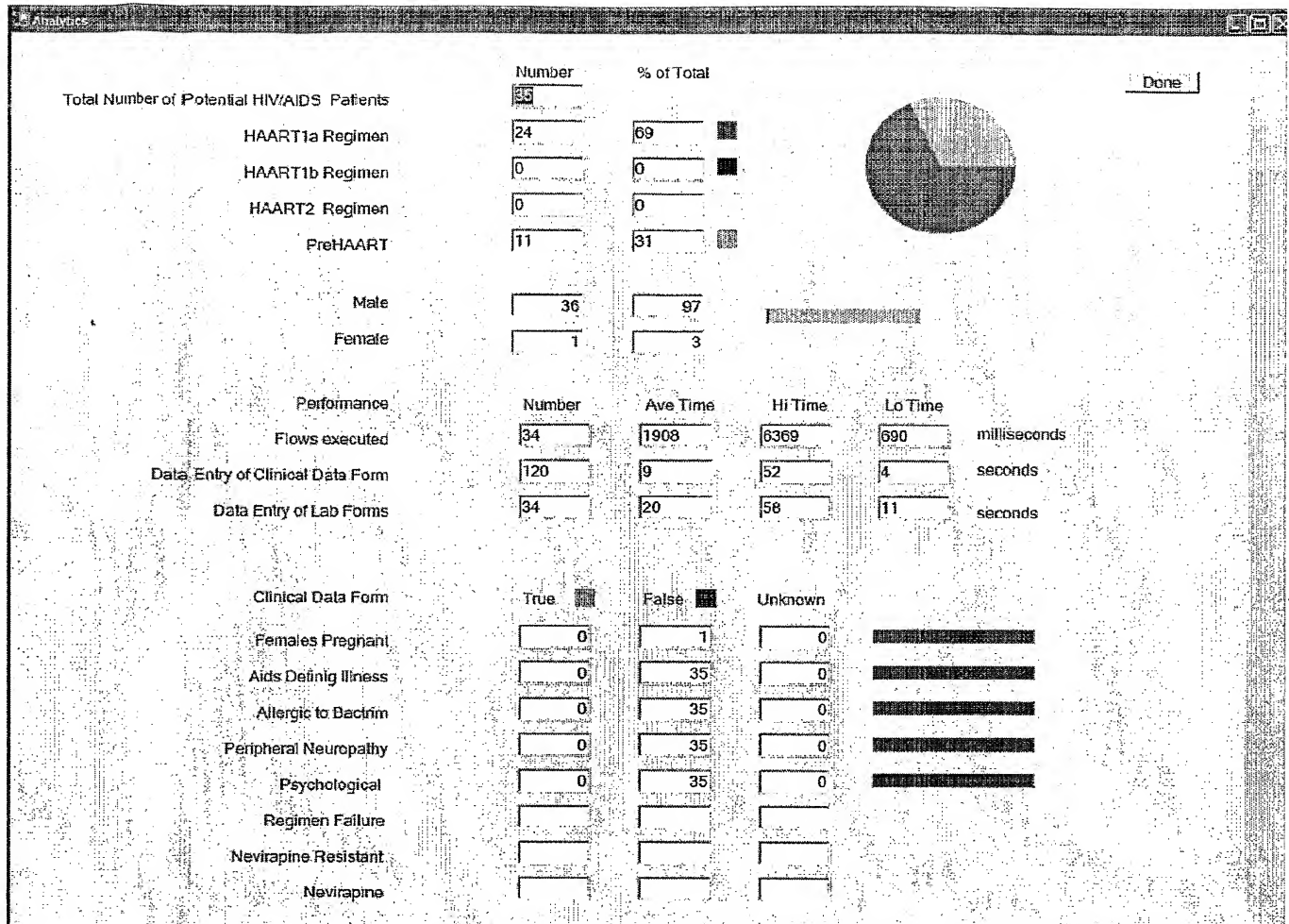


FIG. 50

Display Log			User ID: 3	User Name: Adult	Gender:	Clinic No: 1	Clinic Physician: Gauteng	Patient ID: 1
			Print	Export	Close			
PatientID: 1	12/26/2004 6:38:26 PM							
StartMainFlow	15	Gauteng - 9						
DetermineAgeCategory	14							
StartSubFlow	15	DetermineAgeCategory						
Age	7	25 ; >=14years						
AgeCategory	11	; Adult						
ReturnToMainFlow	2							
AgeCategory	7	Adult ; Adult						
ClinicalDataFormComplete	7	Yes ; Yes						
LabsComplete	7	Yes ; Yes						
AIDSDefiningIllness	5	No ; No						
Gender	7	Male ; Male						
ConfirmHIVStatus	14							
StartSubFlow	15	ConfirmHIVStatus - 3						
StatusGeneral	7	NoHAART ; NoHAART						
HIVStatusConfirmed	7	2 ; 2						
AlertReport	5	1 ; 1						
HIVStatusConfirmed	7	2 ; >1						
ReturnToMainFlow	2							
HIVStatusConfirmed	7	2 ; 2						
Bactrim	14							
StartSubFlow	15	Bactrim - 2						
PneumocystisPneumonia	5	No ; No						
Through	7	Unknown ; Unknown						
LabCD4	7	250 ; >200						
CD4Previous	7	250 ; >0						
Bactrim CD4 Test	7	Yes ; Yes						
CD4Previous	7	250 ; >200						
AlertReport	5	62 ; 62						
ReturnToMainFlow	2							
StatusMalnutrition	14							
StartSubFlow	15	StatusMalnutrition						
Age	7	25 ; >13years						
BodyMassIndexCalculate	5	20.7612456747405 ; BMI=Weight [kg] / ((height*height)/1000) [cm]						
BodyMassIndex	7	20.7612456747405 ; >=19.5						
StatusNutrition	11	0 ; 0						
AlertReport	5	11 ; 11						
ReturnToMainFlow	2							
StatusLiver	14							
StartSubFlow	15	StatusLiver						
ULN ALT = 48 U/L	15	No Value						
LabALT	7	Unknown ; Unknown						
StatusLiver	11	Unknown ; Unknown						
AlertReport	5	6 ; 6						
ReturnToMainFlow	2							
StatusActiveTB	14							
StartSubFlow	15	StatusActiveTB						
TBActiveTreatmentComplete	5	Unknown ; Unknown						
TBActiveTreatmentCurrent	5	No ; No						
Cough > 2 weeks	5	No ; No						
Fever > 2 weeks	5	Yes ; Yes						
AlertMedical	5	5 ; 5						
LabTBSputum	7	Unknown ; Unknown						
StatusActiveTB	7	Ordered ; Ordered						
AlertOperational	5	5 ; 5						
ReturnToMainFlow	2							